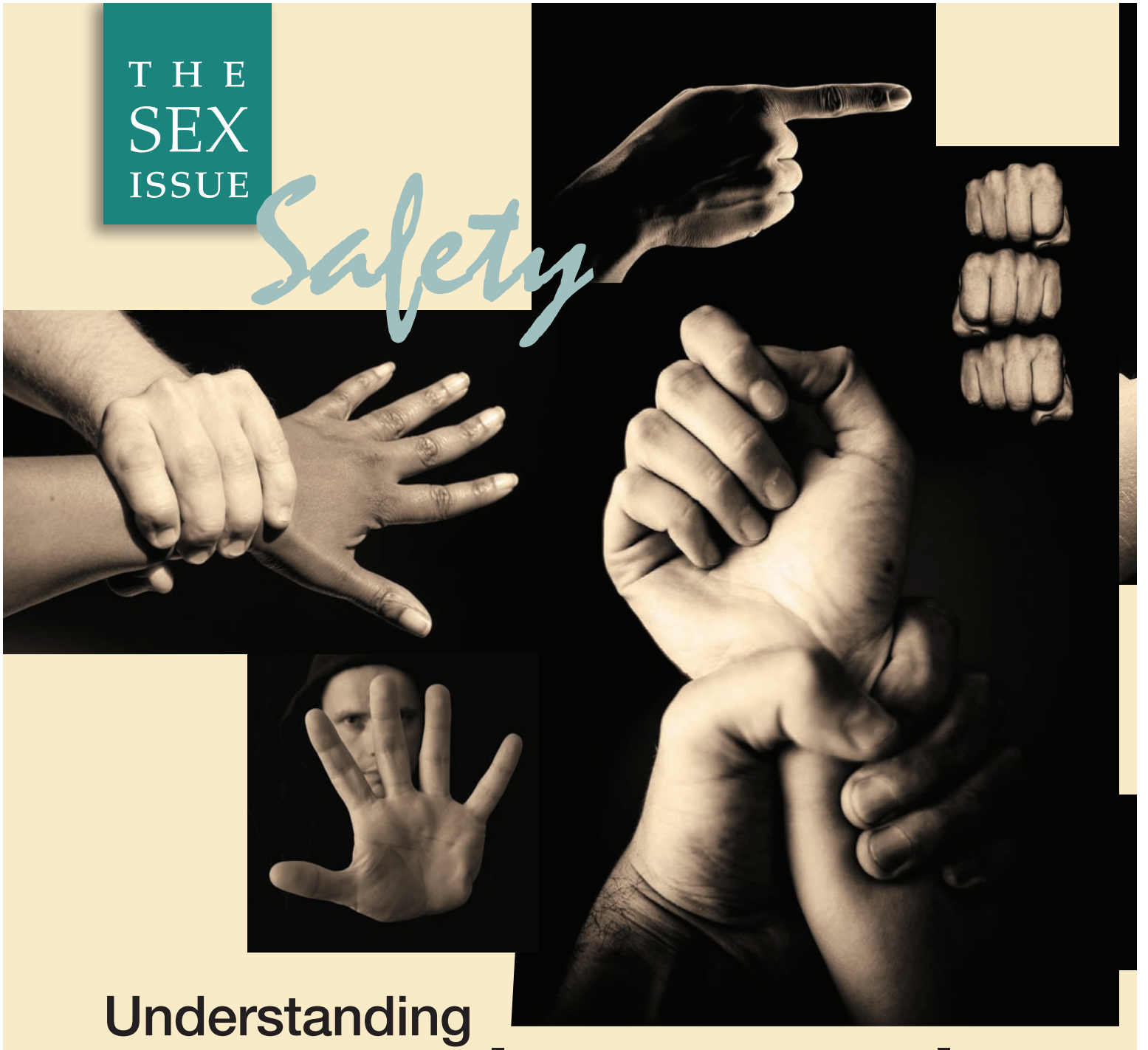
THE SEX ISSUE

Safety



# Understanding sexual assault

Will you be ready when you encounter a patient who's been sexually assaulted?

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Studies have shown that sexual assault can happen anywhere: Police stations, day-care centers, group homes, churches, personal homes, hospitals, long-term-care (LTC) facilities, and schools are just a few examples. According to the CDC, nearly 1 in 5 women and 1 in 71 men have experienced rape at some time in their lives. (See *Rape vs. sexual assault* for definitions of these terms.)

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In this article, we review who's at risk for sexual assault and how to examine and care for adults who've been sexually assaulted.

## Who's at risk?

Research has shown that sexual assault remains a risk throughout the lifespan. Unfortunately, people with cognitive and/or physical disabilities are at a higher risk for sexual assault compared with nondisabled people. Studies estimate that 80% of women with disabilities have been sexually assaulted. Women with disabilities are three times more likely to be sexually assaulted than women without disabilities.

Certain circumstances may increase a patient's risk of being sexually assaulted. For example, those under the influence of alcohol or sedating medications are at an increased risk. About 3% of LTC facilities and 0.7% of institutional care facilities for cognitively and physically vulnerable people have identified at least one sex offender living within their facilities.

Many sexual assaults go unreported. An individual may not report a sexual assault for a variety of reasons, including personal beliefs, fear, embarrassment, mistrust of the justice system, or an inability to report due to a physical or cognitive disability. Only 10% to 15% of all sexual assaults are reported to police; those who

## Rape vs. sexual assault

The definition of rape and sexual assault varies by state and is law dependent. Generally speaking, ***sexual assault*** is nonconsensual sexual contact. ***Rape*** is a form of sexual assault. However, the definitions may vary in that rape is typically considered nonconsensual physical contact involving the penetration of the vagina, anus, or mouth of another person by a sex organ, other body part, or foreign object. In both sexual assault and rape, force doesn't necessarily need to be used.

know their assailants are less likely to report the assault.

One of the obstacles to identifying sexual assault is that nurses don't always recognize the signs and symptoms (see *Cheat sheet: Red flags for sexual assault*). Healthcare professionals often misinterpret or inadvertently overlook the physical signs of sexual assault in older and/or disabled patients because of complicated medical histories, diagnosed dementia, and prescribed medications. Also, healthcare professionals may not believe a patient's disclosure because of a lack of awareness of sexual violence affecting older adults.

## Collecting and preserving evidence

When sexual assault is suspected, any potential physical evidence must be collected and managed by a specially trained professional. DNA is found in almost every cell of the human body. Every person's DNA is individual to that person (with the exception of identical twins), so attempting to collect potential sources of DNA after a suspected assault is important. DNA can both identify and rule out a suspect. Sources of DNA include blood, hair roots, mucus, saliva, semen, skin cells, perspiration, tissue, and vaginal and rectal cells.

Potential DNA evidence can be found on anything that came in contact with the patient and/or suspected offender. This includes clothing, sheets, condoms, cigarettes, and furniture. Law enforcement personnel are trained to identify and collect evidence found at the scene and on the suspected offender. When a sexual assault occurs, the patient's body is considered part of the crime scene. This raises multiple challenges for evidence collection. Every patient who's been sexually assaulted has individual needs that must be considered during evidence collection. For this reason, a professional with specific sexual assault training should examine and collect evidence from the patient.

As soon as an assault or possible assault is discovered, immediate actions should be taken by a facility or law enforcement agency to ensure safety, protect evidence, and initiate an exam by a trained sexual assault examiner. A medical screening is also indicated to evaluate the patient for acute injuries, which must be addressed before evidence collection. This includes, but isn't limited to, decreased level of consciousness, heavy bleeding, and fractures.

If serious injuries are suspected in a patient outside the hospital, 911 should be activated. It isn't in the patient's best interest for a healthcare professional without specific sexual assault training to examine him or her and "decide" whether the patient needs evidence collection. For

### Red flags for sexual assault

cheat sheet

- Unexplained injuries
- Delay in seeking treatment for injuries
- History given by a caregiver that isn't consistent with the patient's injury
- Anal, genital, and oral injuries
- Bruising involving the inner thighs, genitalia, breasts, or anus
- "Suck" or bite marks
- Presence of an STI(s)
- Fear of a specific caregiver, family member, or visitor
- Changes in behavior, including fearfulness and depression
- Loss of sleep

example, a gynecologist shouldn't insert a speculum into a patient who's come to the office with a complaint of sexual assault; inserting and removing the speculum risks the loss of potential evidence.

Evidence is time-sensitive. Every hour a patient goes without proper evidence collection increases the chance that evidence will be lost. Because of this time sensitivity, most jurisdictions limit evidence collection based on time, which is dependent on the jurisdiction. The typical time limit on evidence collection was once 72 hours; however, with advanced techniques and current technology, some jurisdictions have increased collection times up to 7 days. Circumstances may extend the time limits for evidence collection; for example, if a patient hasn't showered since the assault. However, don't assume that waiting hours or days is acceptable.

Scene evidence must be collected, preserved, labeled, and packaged according to jurisdictional or institutional policy. Chain of custody must be maintained, including documentation of all handling, transfer, and storage of evidence. If policies aren't followed and the chain of custody is broken, the evidence may not be admitted in a legal proceeding.

## The sexual assault physical exam

Due to the complex care needs of patients who've been sexually assaulted, many jurisdictions use a sexual assault nurse examiner (SANE) for the physical exam. A SANE is an RN who's specifically trained to provide all-inclusive care to a patient who's been sexually assaulted. SANEs provide victim-centered care while remaining objective during the exam. A SANE may be an employee of a healthcare facility, police department, or other victim advocacy program. SANEs are prepared to testify about their forensic exam findings in a court of law.

A sexual assault response team consists of hospital-based staff, law enforcement officers, sexual assault victim advocates, prosecutors, judges, and any other professional who assists the patient who's been sexually assaulted. The team's constituents may vary by jurisdiction. (For more information on sexual assault response teams, visit the National Sexual Violence Resource Center at www.nsvrc.org/projects/sexual-assault-response-teams-sart-0.)

A forensic medical exam may be performed at a hospital or other healthcare facility by a SANE, sexual assault forensic examiner, or, if necessary, another medical professional. This exam is complex and on average takes about 3 to 4 hours. Although this may seem lengthy, medical and forensic exams are comprehensive because patients need special attention to

### When is reporting mandatory?

Although many states don't participate in mandatory reporting when the patient is a competent adult, this isn't true when medical personnel treat a child, older adult, or vulnerable adult who was the victim of a crime. Although states use different legal languages, nurses may be required to report abuse, suspected abuse, neglect, and sexual assault involving a dependent, older, or vulnerable adult to adult protective services and/or police. Healthcare professionals who don't meet the mandatory reporting requirements may expose themselves to fines, loss of license, and possible jail time. As a licensed nurse, it's your responsibility to know your required reporting laws. Your facility may have a policy as to who reports; however, you should have proper confirmation that the report was made to the proper authorities.

Refer to individual employer and institutional policies at your facility to ensure proper activation of mandatory reporting. Although you may not be directly responsible for reporting to governing bodies, you should be aware that employers have requirements placed on them by agencies such as the Centers for Medicare and Medicaid Services.

ensure they're medically safe and protected. In addition, evidence must be collected so that if the patient chooses to report the assault to the police, the stored evidence is available. With the exception of situations covered by mandatory reporting laws, adult victims of sexual assault—not healthcare workers—make the decision to have evidence collected and report a sexual assault to law enforcement (see *When is reporting mandatory?*).

Consenting to a SANE exam doesn't mean that the patient has to press charges. The decision to involve law enforcement can be made at a later date. It's also important to inform patients who've been sexually assaulted that they aren't responsible for paying for evidence exams. Special billing procedures should be implemented and explained to the patient by the facility providing the services.

A specifically designed sexual assault kit is used to collect evidence found on the patient, including hair, skin, blood, and fibers.

The purpose of the forensic medical exam is to:

- complete an assessment of the patient
- evaluate and treat injuries
- provide prophylactic medications for pregnancy and sexually transmitted infections (STIs)
- properly identify and collect potential evidence
- prevent further injury by screening and treating for STIs while attempting to maintain the patient's dignity and personal control over the exam process
- provide follow-up medical care and emotional support.

The SANE will inquire about the sexual assault to assess what types of medical care the patient may need. For example, if the patient describes any kind of physical restraint to the wrists, the SANE will look for potential evidence that may be collected from the hands and arms. This also triggers the healthcare provider to consider if X-rays or skin/wound care is needed. It's important for the SANE to obtain a history from the patient and any witnesses if the patient is unable to communicate.

Evidence may be collected in many different forms during the SANE exam. A specifically designed sexual assault kit is used to collect evidence found on the patient, including hair, skin, blood, and fibers. Photographs may be taken and blood specimens may be obtained to assess for STIs. Clothing may be collected for evidence in the form of stains, debris, hair, and fibers. Hair combings and oral swabs may be helpful in evidence collection. Other areas of the body that may be swabbed are the vagina, penis, anus, rectum, and any areas of skin-to-skin and/or mouth-to-skin contact. Fingernail scrapings/clippings or swabs may also be taken.

After the patient (or a guardian if the patient isn't competent to give consent) provides informed consent, the examiner takes a thorough health history, including any allergies, preexisting diagnoses, recent procedures, and medications that may influence the exam. The health history should also include the date of last consensual sexual intercourse if the patient is sexually active. Other information obtained includes complaints of pain, tenderness, or bleeding; the time of the assault; details of the assault; and any activities that took place after the

## When a patient is sexually assaulted in your facility

Follow these steps to ensure that you're providing the best care possible for patients who've been sexually assaulted in your facility.

**1** Ensure safety for yourself and the patient. If you come upon an assault in progress, call for help. If it's something you can physically stop without endangering yourself, stop the assault and remove the offender from the room. Have someone stay with the patient who's been assaulted so he or she feels safe.

**2** Notify your immediate supervisor and activate protocols related to violent crimes or abuse on the premises. Some facilities have protocols specific to sexual assault.

**3** To preserve evidence, ask the patient not to eat, smoke, drink, wash, or use the bathroom if possible. Don't wash or bathe the patient. Don't change clothing or incontinence pads, disposable underwear, or other clothing. Don't comb the patient's hair or brush his or her teeth. By performing these actions, you may lose or compromise physical evidence. In most circumstances, physical evidence may be collected from 72 up to 120 hours, depending on the specific forensic program guidelines. Keep in mind that the chances of finding usable evidence decrease as time passes.

**4** Don't clean up the crime scene and don't remove anything. This includes sheets from the bed if the patient was assaulted on the bed or bedding/belongings that were on the bed after the assault. Don't move anything the offender may have touched. Once the patient has been removed from the room, close the door and don't allow anyone in the room until police say they've processed the room and it can be returned to normal usage.

**5** Initiate and prepare the patient for transfer to a facility that's equipped to provide sexual assault exams with evidence collection. To obtain the name of your local facility contact, call the National Sexual Assault Hotline at 800-656-HOPE. This hotline will connect you with personnel at your local crisis center who can answer questions. If the patient who's been sexually assaulted is a competent adult, he or she can talk with someone at the crisis center to find out about local resources and options for reporting or not reporting. Some crisis centers provide an advocate to accompany the patient at the hospital. This is also a good resource for families and caregivers.

**6** Clearly communicate to the examiner or receiving hospital the patient's medical history, including medications and cognitive difficulties. They'll need to know about any consent issues; for example, if the patient isn't competent and has a legal guardian. If this is the case, make sure the guardian will be available by phone or in person to give consent for the evidence collection exam.

**7** Document everything; if you were a witness, document what you saw. If the patient disclosed information to you, document what was said using as many quotes as possible. Don't write down your opinions; document only the facts.

**8** If a patient is disclosing to you after the fact, listen and validate that you'll notify the proper authorities.

**9** If the patient who discloses is a competent adult and doesn't fall under any mandatory reporting laws,

he or she may choose not to report the assault to police. Maintain confidentiality and help the patient make an informed decision about whether to have an evidence exam.

**10** Address all of the concerns that a patient verbalizes. Take note of patients who appear to be fearful of something or someone. Get the patient proper help to meet his or her medical needs related to the assault.

**11** Encourage all nurses at your facility or place of employment to recognize the signs and symptoms of abuse and sexual assault. Review your policies related to victims of crimes and know your mandatory reporting requirements.

**12** If you work at an LTC facility, encourage management to perform background checks on all residents. Staff members should be aware if a patient has a history of perpetrating assaults; safety measures should be employed with that patient, such as placing him or her in a single room and ensuring that he or she is never alone with any other patient. Removing the patient from the facility is another option.

**13** Be alert for trouble. Question anyone in the hallways of a hospital or healthcare facility who doesn't look familiar, isn't displaying identification, or appears to be loitering.

assault that may affect the interpretation of findings and evidence collection. The examiner asks patients if they've wiped, showered, or bathed; changed their clothes; eaten; used toothpaste or mouthwash; used an enema; or changed or removed a tampon, sanitary pad, or barrier contraceptive.

After obtaining the health history, clothes are collected carefully to prevent loss of potential trace evidence, such as hair or fibers. Next, the examiner conducts a head-to-toe external exam, swabs potential areas of evidence, and documents and treats any minor injuries. Documentation usually includes written notes, as well as photographs.

Take any suggestion of sexual assault by a patient seriously and make sure proper protocols are followed to ensure the best outcome.

The external exam is followed by an internal exam. Swab specimens may be collected as evidence and any internal injury documented. If use of drugs or alcohol is suspected, the SANE needs to be informed and will obtain urine and/or blood samples for toxicology.

All patients who've been sexually assaulted should be offered prophylaxis for STIs and hepatitis B infection. Pregnancy prophylaxis should also be offered if the female patient is of childbearing age. Other treatments that are considered on an individual basis include hepatitis B vaccine, human papilloma virus vaccine, and HIV prophylaxis.

Crisis intervention should be offered during and after the exam. For patients with significant cognitive disabilities, such as dementia, standard counseling won't be effective. In these cases, the presence of an advocate for the patient may be helpful. The advocate can also educate the patient's caregivers on the effects of assault and trauma. Studies have shown that when an assault takes place at a patient's care facility, the patient may feel unsafe and benefit from being moved to another facility (see *When a patient is sexually assaulted in your facility*). Older adult victims with dementia have shown the same post assault trauma behaviors as those without dementia. When the patient is disabled, caregivers need to learn how to assist with decreasing triggers and/or respond to trauma behaviors.

Upon receiving a patient after the completion of the SANE exam, expect discharge instructions that include any medications given, any follow-up and treatment for injuries, a safety plan, and information for psychological counseling to aid recovery.

## Providing the best care

When a patient's disclosure of sexual assault is ignored by healthcare providers, his or her basic right to have a complaint believed and investigated is denied and the patient won't receive proper medical treatment and supportive care. Healthcare providers can also put their licenses on the line and possibly open themselves up to a civil lawsuit and/or criminal charges by failing to protect a patient who's disclosed a sexual assault. Take any suggestion of sexual assault by a patient seriously and make sure proper protocols are followed to ensure the best outcome. ■

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This article originally appeared as: Oldham J, Symonds A. Sexual assault can happen in your facility: are you prepared? *Nursing.* 2015;45(3):30-36.

The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

DOI-10.1097/01.NME.0000499735.37009.42