

Medical Advocacy

One of the first steps in providing care immediately following a sexual assault is to encourage the victim to seek medical attention at a facility designated by the community. An examination has two primary purposes: 1) It provides immediate medical care by treating injuries, offering STD information and 2) it serves as a means of collecting evidence.

- Collection of evidence can only be done within 72 hours of the assault. The Alabama Crime Victims' Compensation Fund will pay for the evidence collection examination. The victim may incur some additional costs for other medical treatment.

Reasons for Seeking Medical Care

The survivor may:

- Be in shock
- Have internal and/or external injuries
- Have been exposed to a sexually transmitted disease
- Have become pregnant. Approximately 3-5 percent of rapes results in pregnancy.
- Need the collection and documentation of physical evidence for the prosecution's case, the police investigation, and for potential monetary compensation.

What you can do:

Help survivors identify medical needs and to help them find the best place to meet those needs. The survivor may be unaware of any injuries sustained in the assault or may not know where to go for medical assistance. Medically stable patients age 14 or older should be referred to SANE. Non-medically stable patients should be referred to any area emergency room. Be sure to give enough information so survivors can make the best decision for themselves.

One of the biggest barriers client perceive in seeking medical attention is uncertainty about involving law enforcement. Evidence must be collected as soon as possible. It is important to help survivors understand that in order to collect evidence a police report is *no longer required* so that the decision to prosecute can be made at a later time. It is typically better for the victim to go ahead and file a report in the presence of the nurse and advocate so the client feels safe and only has to tell the story one time.

If the client decides to have the examination, the advocate may talk with the client during the examination to distract from the experience. The advocate should focus on neutral or positive experiences. This distraction may help the client relax and may make the examination go more quickly.

The Examination

It is important to prepare the client as much as possible as to what to expect during the examination because this may be the first time the client has had a pelvic examination and it also may re-traumatize them. A doctor or a Sexual Assault Nurse Examiner (SANE) will perform the examination.

- Persons 14 years of age or older can consent to their own medical treatment. This means they can consent or refuse a sexual assault examination.
- Survivors can decline any part of the exam they are uncomfortable with.

Medical History: A medical history will be taken. The doctor or SANE will ask questions about the assault, health history, menstrual history and use of contraception. Questions about the assault can include time, place, date of attack, number of attackers, threats of violence or reprisal, restraints used, whether the victim douched, bathed, gargled, defecated, urinated, changed clothes, has used drugs or alcohol, experienced a loss of consciousness, if ejaculation occurred and its site, if a condom was used, if objects were inserted in to the vagina, etc.

Blood Samples: Blood will be drawn and a known blood sample will be prepared to go into the evidence kit. Sometimes blood is collected as needed for other tests such as pregnancy, drugs, etc.

Vaginal Examination: A speculum examination for signs of internal injury and collection of any physical evidence left by the rapist *may* be done. Traces of semen may be detectable in the vagina and on the cervix for 72 hours. At the SANE Facility, a colposcope may also be used to detect and photograph injuries.

Physical Evidence: If the client chooses to report the rape, a “rape kit” may be used to collect evidence. This may include collection of pubic hairs, head hairs, foreign matter on the body (which could include samples of the rapist’s hair, blood or skin), the clothes worn at the time of the assault, and pictures of documentation of any redness, swelling, scrapes, bumps, bruises or other evidence of external injury.

Clothing: If client is still wearing clothing that was worn during the time of assault the client may need to leave it as evidence. In the majority of cases, the underwear will be collected and submitted in the evidence kit.

- If client has clothing evidence at home, recommend that they separate the clothing and place each item in a separate **PAPER** bag and call police to collect it. Paper bags are used instead of plastic because paper bags allow the clothing items to dry completely.

External Injuries: A physical examination will be done to look for bruises, scratches, cuts and other external injuries. The SANE or Police should take pictures of any visible injuries with the victim's consent.

Sexually Transmitted Diseases (STDs): The client may receive medications at the medical facility or a prescription for treatable diseases such as chlamydia, gonorrhea, and trichomoniasis.

- The client should receive information for follow-up testing and medications. This is very important.
- The risk of acquiring HIV infection from a sexual assault is low. The overall probability of HIV transmission from an HIV-infected person during a single act of intercourse depends on many factors. These factors may include the type of sexual intercourse (i.e. oral, vaginal, or anal); presence of oral, vaginal, or anal trauma; site of exposure to ejaculate; viral load in ejaculate; and presence of a STD.
- Remind the victim that they must have protected sex for the next six months to a year in order to protect their partners and of course themselves.

Alcohol and Drug Facilitated Assaults

There are a number of ways in which the use of alcohol or drugs may contribute to an act of sexual assault. The substance most frequently involved in sexual assaults is alcohol, which the victim may consume voluntarily. In some cases the victim may not be aware of the level of alcohol content in drinks provided by the perpetrator. Increasingly, cases have been reported in which a variety of drugs are used by offenders to further impair the ability of the victim to prevent the assault. Rohypnol and GHB are the drugs most frequently referred to in this context but there are several dozen drugs that could be used for this purpose, many readily available in this country. The drug may be added to the victim's drink without her knowledge or administered in a variety of other ways.

Clues to substance induced assaults may be if the client had been drinking alcohol and says their reactions were not in proportion to the amount of alcohol consumed or if they have no memory. The effects of these drugs can include drowsiness, impaired motor skills, dizziness, confusion, and amnesia. It is important to work from what the client remembers and prepare them for the possibility that they may not remember more.

If medical personnel, law enforcement, or the victim have reason to suspect the use of a drug by the perpetrator, an advocate should discuss with the victim the ramifications of any type of drug testing. No testing should occur without the victim's informed consent specifically agreeing to drug testing.

There are two main issues for the victim in making the decision of whether or not to consent to a test for drug facilitated rape. First, the drugs can be very difficult to detect. Reasons for this include the speed with which the drug leaves the body and the fact that for multiple

reasons a victim may not be tested within the ideal timeframe. For all sexual assaults, reporting may be delayed as victims struggle with issues of self-blame resulting from stereotypes and misconceptions about sexual assault and with discomfort and embarrassment with going through the evidence collection process. Where alcohol and drugs are involved, the victim may be unconscious or disoriented during the majority of the time that the drug is still in their system, or need time to piece together what happened to them or recover from the effects of the experience. Because of these difficulties in detecting the drug, there is a high probability that even if a drug was used the test will come back negative. This can be emotionally difficult for the victim to hear and could potentially undermine the investigation.

The victim may also be reluctant to consent to the test because of fears or concerns regarding the use of drugs unrelated to the sexual assault. Victims may have a medical condition which they prefer be kept confidential, but if medications they are taking related to this condition show up on the drug screen the medical condition may become public and may be used by the defense attorney to discredit the victim, thereby hurting her/his chances for a successful prosecution. Illegal drug use may have occurred completely separate from the assault - even weeks or months previously. These drugs may or may not still be detectable but the victim may have fears related to potential detection, not knowing how sensitive the test will be. Once detected by the crime lab this information could be used against the victim. Although the sexual contact is a crime regardless of whether or not the drug was consumed voluntarily, the victim may have legitimate fears related to this becoming public knowledge and other potential consequences of the detection of the illegal drug use.

An additional concern for the victim who has voluntarily ingested illegal drugs is that engaging in felonious criminal activity may make the victim ineligible for compensation through the victims of crime compensation fund.

Information provided to the survivor should include:

1. Review of the types of drugs that will be detected by the test
2. Explanation of the factors that make drug detection difficult and clarification that a negative test result does not mean that a drug was not used.
3. Discussion of the possible consequences of a negative result, both emotionally for the victim and regarding the status of the case.
4. Clarification that in a criminal case the results will be available to the defense and may become public knowledge, including results related to prescription drugs she may be taking for medical reasons and any illegal drugs she may have taken voluntarily, even if unrelated to the assault. This could also potentially lead to the release of other private information otherwise protected by rape shield laws, such as medical or mental health conditions.
5. Opportunity for the victim to ask questions and discuss concerns related to the test.
6. Explanation regarding how she/he will be notified of the results of the test.

If the decision is made to test for drugs and the victim has signed the consent form, a urine sample should be collected within 72 hours of suspected *ingestion* of the substance. The medical facility should contact law enforcement or the Department of Forensic Sciences to

verify where to send the samples and in order to maintain the chain of custody. There is specific forensic testing which is necessary to detect single dose levels of the drugs used to facilitate rape. When conducting a full drug screen, the hospital should confirm that the laboratory is testing the urine and blood samples for: Benzodiazepines, Amphetamines, Muscle Relaxants, Sleep Aids, Antihistamines, Cocaine, Marijuana, Barbiturates, Opiates, Ethanol, GHB, Ketamine, Scopolamine, and any other substances that depresses the central nervous system. Not all laboratories are equipped for such testing.

Evidence Collection Kit

Medical personnel must follow very strict instructions when collecting evidence. Once opened the kit is not to leave their hands. It should not even be left with the advocate or the client. The examiner is responsible for the chain of custody at all times. If you are in an emergency room, you may notice the examiner reading the instructions during the examination. Assure clients that this does not mean the examiner does not know what he/she is doing, rather they are trying to ensure the validity of the evidence. Otherwise the kit would have to be thrown out and inadmissible in court.

The instructions found in the Sexual Assault Evidence Collection Kit can be found on the following pages.

STEP 1: SEXUAL ASSAULT INFORMATION FORM

Use SANE Facility chart rather than information sheet enclosed in kit except for body and genital diagrams. Include these with your documentation.

STEP 2: FOREIGN MATERIAL, OUTER CLOTHING AND UNDERGARMENTS COLLECTION

(May omit if clothing has been changed or if patient has bathed)

Gather each item of clothing with patient standing over paper sheet from Foreign Materials bag placed over clean sheet so as not to collect fibers or debris from the floor. Place clothing in paper bags and staple shut. Refold paper sheet in manner to retain any foreign material present and return to bag.

STEP 3: DEBRIS COLLECTION (May omit if patient has bathed)

Collect any debris such as dirt, fiber, hair, etc. and place in center of paper. Dried secretions (use Wood's lamp) should be collected by lightly moistening the swabs with distilled water and thoroughly swabbing the area. Be sure to document where you found the foreign matter.

STEP 4: HEAD HAIR CUTTINGS

Cut a minimum of 5 hairs from each of the following scalp locations: center, front, back, left side and right side.

STEP 5: FINGERNAIL SCRAPINGS (May omit if no contact)

Using the plastic fingernail scraper provided, scrape the patient's nails (both hands) over the provided paper sheet.

STEP 6: ORAL SWABS AND SMEAR (May omit if no oral contact)

Use 2 swabs simultaneously to swab the buccal area and gum line. Use both swabs to prepare one smear. If collecting oral swabs as DNA standard, make sure to document "Known DNA sample" on envelope.

STEP 6A: KNOWN DNA SAMPLE (This MUST be collected with all patients)

Same as Step 6 unless there was oral contact only. The known DNA swabs can be collected from the vaginal vault if there was no vaginal contact.

STEP 7: PUBIC HAIR CUTTINGS (May omit if no pubic hair)

Cut 15-20 pubic hairs from various locations. This should include any matted hairs.

STEP 8: PUBIC HAIR COMBINGS (May omit if no pubic hair)

Using comb provided, comb pubic hair downward so that any loose hairs and/or debris will fall onto paper towel placed under patient's buttocks.

STEP 9: GENITAL SWABBING

Moisten the sterile gauze pad with distilled water and swab the external female genitalia and perianal area.

STEP 10: VAGINAL SWABS AND SMEAR (May omit if no vaginal contact)

Use 2 swabs simultaneously, carefully swab the vaginal vault. Repeat swabbing with 2 more swabs. Prepare a smear on the slide.

STEP 11: PENILE SWABS AND SMEAR (May omit if no penile contact)

Use 2 swabs simultaneously, carefully **swab** the glans and the shaft of the penis. Prepare a smear on the slide. Using the 2 additional swabs, simultaneously swab the scrotum area.

STEP 12: RECTAL SWABS AND SMEAR (May omit if no rectal contact)

Use 2 swabs simultaneously, carefully swab the rectal canal. Repeat swabbing with 2 more swabs. Prepare a smear on the slide.

STEP 13: ANATOMICAL DRAWINGS


Complete and add to SANE Facility chart

- **All specimens should be allowed to air dry using the swab dryer before placing them in the appropriate sleeve, slide holder, or envelope.**
- **Seal slide holders with one of the white round seals provided.**
- **Complete all information asked for on each envelope of collected specimens.**
- **Return all specimens except clothing bags to box. Place copy of SANE Facility chart, consent for exam, diagrams, in box and seal with red police evidence seals where indicated.**

Common STDs

	Signs	Treatment	Possible Problems
Chlamydia	75% of infected people have no symptoms. May be a mild mucus-like genital discharge painful urination, pain in the testicles or abdomen.	Antibiotics	May lead to infertility in men and women.
HPV Infection (genital warts)	Warts are painless possibly invisible growths around genitals in men and women. Contagious even without symptoms.	Cryotherapy, laser or chemical treatment. Women must have regular PAP smears for recurrences.	Some cell changes, especially on cervix, can be precancerous. Recurrences are possible.
Genital Herpes	Sores around genitals or anus often with small painful blisters. Contagious even without symptoms.	Avoid sexual contact while sores exist. Acyclovir capsules or ointment may help symptoms, but no cure.	May contribute to cervical cancer and be transmitted to child during birth.
Crab Lice	Itching. Visible, moving lice in pubic hair and eggs (nits) attached to hair shafts.	Treatments to kill lice. Recent sexual partners should be treated if infected	None
Trichomoniasis	Vaginal discharge, discomfort during intercourse, abdominal pain, painful urination and itching in genital area. Men usually no symptoms or similar to women.	Infected persons and their partners are treated with antibiotics.	If untreated may lead to bladder and urethra infections.
Gonorrhea	Creamy pus-like penile or vaginal discharge, painful urination or no symptoms	Infected persons and their sexual partners must be tested and treated with antibiotics.	Untreated can cause arthritis, heart, and reproductive problems. Can be transmitted to child at birth.
Syphilis	Painless ulcers at point of contact (penile shaft, vaginal opening, or anus). Secondary stage may include rash, swollen lymph nodes.	Infected persons and their sexual partners must be tested and treated with antibiotics.	Untreated can affect brain, pregnancies, or even be fatal.
HIV and AIDS	Most people show no symptoms for many years but are still able to transmit disease.	New medications may slow down the course of HIV and prevent complications. Must be tested for HIV antibody.	Spectrum of conditions. People with AIDS experience unusual life threatening infections, cancers, and neurological problems.
Hepatitis B	Many people have mild or no symptoms. Persistent flu-like symptoms, jaundice.	Hepatitis B vaccination at initial exam & follow-up dose at 1-2 & 4-6 months.	Can cause permanent liver damage

What to Do when You Arrive at the Medical Facility

1. **Introduce yourself to the survivor and explain your role.** Ask if they would like you to stay/talk with them. You are there to offer information and support. Remind them that they may decline any or all of the examination or history taking/interview.
2. **Check-in with client's feelings and needs at that moment** (e.g. blankets or call someone for them). Remember **no food, drink, gum, smoke, or bathroom use** until after the examination unless medical personnel give permission. 
3. **Specific topics to discuss** (no particular order - listen to client's needs and trust your instincts on timing):
 - What will happen during the examination (collection of evidence and speculum examination)?
 - What will happen with the police interview and court process? Advise client that state will pay for collection of evidence as long as the incident is reported to law enforcement.
 - Medication for sexually transmitted infections and follow-up testing.
 - Aftermath symptoms, emotions, and reactions.
 - Rape Response services (crisis counseling, criminal justice and legal advocacy, 24 hour hotline)
 - Domestic violence services or other community referrals as appropriate
 - Provide Rape Response brochure or card to take home.
 - Ask if they want to talk about what happened to them, help them *identify their feelings* as they discuss the details. **Listen and validate.**
 - Be sure the client has information about how/who to follow-up with law enforcement.
 - Help them develop a plan to take care of themselves when they leave the hospital:
 - safe place to be
 - safe, supportive people
 - self-nurturing activities
4. **Do something good for yourself.**

Important Phone Numbers

(If in need of directions or to check on a client.)

1. Rape Response and SANE	323-7273
2. UAB	934-5100
3. UAB West	481-7160
4. Cooper Green	930-3265
5. St. Vincent's East	838-3970
6. Children's Hospital	939-9174
7. Princeton	783-3500
8. UAB Highland	930-7000
9. St. Vincent's	939-7100
10. Brookwood	877-1930
11. Trinity	592-1400

Test Your Knowledge

1. How long after the sexual assault can evidence be collected?
2. Do minors need parental permission to obtain a rape examination?
3. Name 5 reasons for seeking medical care.
4. Which portions of the medical exam can a survivor choose not to have?
5. Is it okay for the doctor or SANE to leave you or the client alone in the room with the rape exam kit?
6. Is semen always present after a sexual assault?
7. What information should be provided to the survivor regarding testing for suspected drug-induced assaults?
8. What should the survivor not do prior to the rape examination kit?