

Sexual Assault Examinations and Responses in Rural Practice

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LAND ACKNOWLEDGMENT



We respectfully acknowledge that we live, work, and educate on the traditional unceded territories of the Stó:lō People, the Semá:th, and Mathxwí First Nations.

PRESENTER DISCLOSURES

The authors have no relationship or commercial interests to disclose.

This presentation will be outlining topics in ideal situations for real world application. While the authors and presenters bring evidence of the topics discussed, it is the responsibility of the licensed professional to seek out, understand, and implement best evidence for their practices.

The authors and presenters assume no responsibility for your practice



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LEARNING OBJECTIVES

- Define sexual assault as it applies in Canada and recognize its prevalence in BC and the Northern Health Region
- Identify 3 screening assessments and 5 healthcare interventions in the care of the sexually assaulted patient
- Recognize the importance of objectivity as it applies to legal documentation
- Explore options for consent to a forensic examination
- Examine basic forensic principles in collecting a SAEK
- Understand your Duty to Report
- Consider options in discharge planning and follow-up care



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What is Sexual Assault?

Intentional, non-consensual action by a person of a sexual nature that violates the sexual integrity of the victim.

Three Levels:

- Sexual Assault
- Sexual Assault with a weapon, threats, or causing bodily harm
- Aggravated Sexual Assault

What is the prevalence of Sexual Assault?



British Columbia: 4,524

Northern Health Region: 494

CASE: TONYA

Tonya is a 24yF escorted to your facility by RCMP. She discloses that she may have been sexually assaulted last night. The RCMP officer has brought with him a sexual assault examination kit (SAEK) and is insisting that the healthcare provider collect a “rape kit”.



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TRUE OR FALSE:

If police are in attendance, it is reasonable to complete the sexual assault evidence kit prior to medical interventions.

FALSE



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ABCs of Care for the Sexually Assaulted Patient

Advocate for Healthcare

Be Objective

Consider Options for Consent



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TRUE OR FALSE:

Patients can be seriously injured and not know they are injured.

TRUE



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CASE: TONYA



Tonya reports that she was drinking at a bar with friends last night. She recalls dancing with a male and states “he was all over me, he just wouldn’t leave me alone”. She states she had 2 pints of beer and then she can’t recall anything until she awoke this morning in an unknown apartment with the male from the bar sleeping next to her. Tonya reports she was naked from the waist down when she awoke. She gathered her clothes and belongings and left the apartment while the male slept.

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CASE: TONYA

Chief Complaints:

- Headache
- Dizziness
- Sore Throat
- Thirst
- Nausea
- “sore down there”

PMHx:

- No medications, NKA
- Immunizations UTD
- LMP 2 weeks ago
- G0P0
- No surgical history
- Normally healthy

CASE: TONYA



Observations:

- A & O x 4
- Speech clear, appropriate
- Difficulty focusing
- Swallowing frequently
- Bruises over the L mastoid and R eyebrow
- Guarding her abdomen

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A

Advocate for Healthcare

Screen for 3
5 Interventions

Screen for 3

Traumatic Brain Injury

Any disruption in normal function of brain caused by inflicted trauma to head and/or neck

Patient Reported Symptoms:

- LOC
- HA
- Dizziness
- Tinnitus
- Vision changes

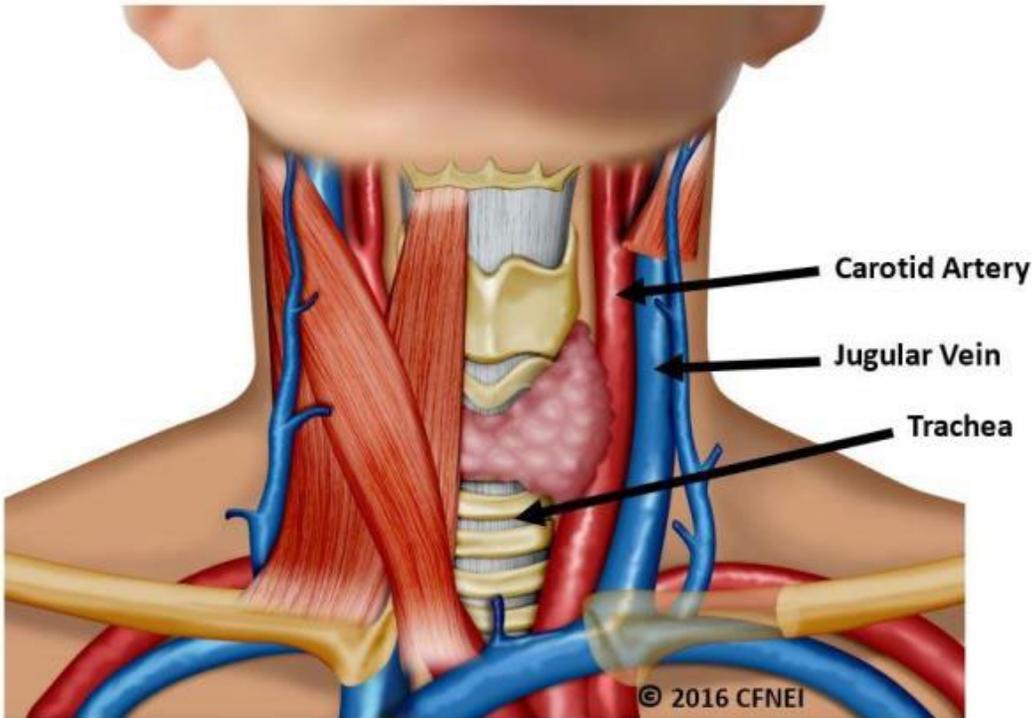
Provider Assessment:

- Pupils
- Nystagmus
- Ataxia
- Slurred speech
- Injuries



Screen for 3

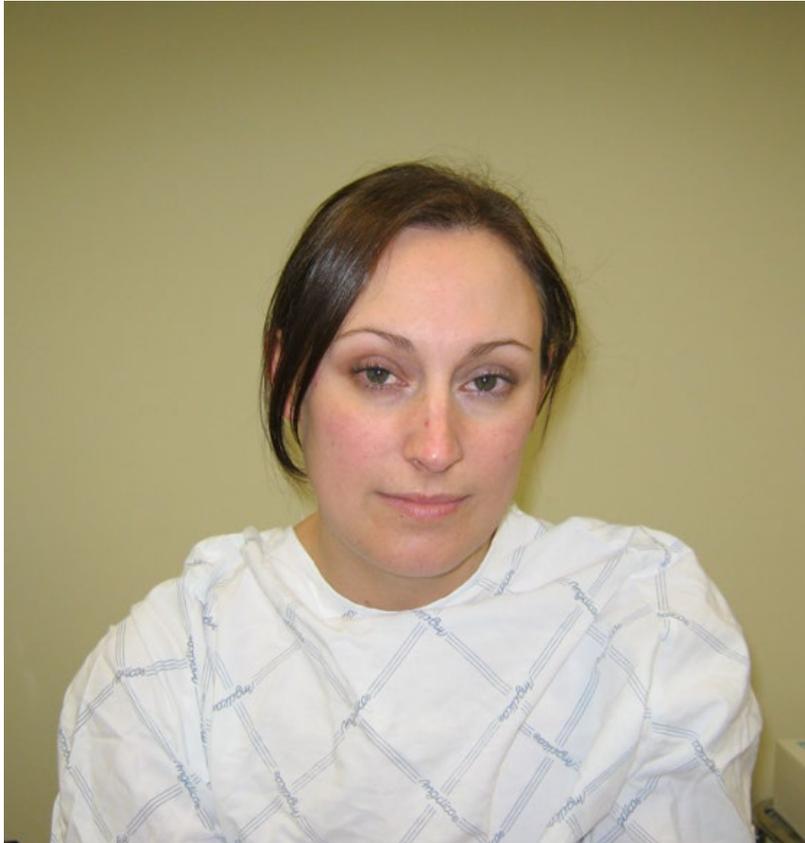
Non-Fatal Strangulation



- 4pp to occlude the jugular vein
- 10pp to occlude the carotid artery
- 33pp to fracture the trachea
- 20pp to open a can of pop
- 80pp in a standard adult handshake

Screen for 3

Non-Fatal Strangulation



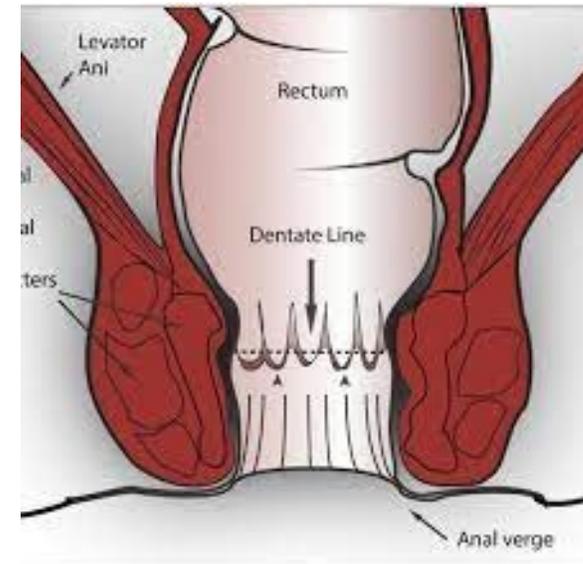
Screen for 3

Anal Penetration & AnoRectal Trauma

Consider for incidences involving drug-facilitated sexual assault

Clinical Presentation:

- The absence of external physical findings to anus is not indicative of the absence of internal injuries
- Dentate line
 - Where anus and rectum connect
 - Anoscopy is best practice
- Medical Concerns:
 - Foreign Bodies
 - Medical interventions (HIV PEP, Severity of injuries)
 - Perforation
 - Peritonitis



5 Interventions

Medical Considerations for Sexual Violence

- 1) **Pregnancy Prophylaxis (Plan B ASAP, Ulipristal w/in 3 days)**
- 2) STI Labs & Prophylaxis:
 - Serum labs: Syphilis RPR, HIV, Hep Series (A, B, C)
 - Urine NAAT: Gonorrhea, Chlamydia, Trichomoniasis
 - Medications: Gonorrhea & Chlamydia
 - Cefixime 800mg PO x1
 - Azithromycin 1000mg PO x1
- 3) Hepatitis B Immunization Status
 - Consider Hep B Vaccine + HBIG
- 4) **HIV PEP (within 72 hours for high risk)**
- 5) Other (Tetanus, anti-anxiety, analgesic, antiemetic, any other imaging)

**2 out of 3 patients that present will not return!
If transferring,
consider meds prior to transfer**



TRUE OR FALSE:

A forensic examination can be delayed for up to 96 hours after the incident occurred or release from confinement

TRUE



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Timeframe for Evidence Collection



National Best Practices for Sexual Assault Kits

Recommended time frames for evidence collection



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Type of Assault	Collection time
Vaginal	Up to 120 hours
Anal	Up to 72 hours
Oral	Up to 24 hours
Bite marks/saliva on skin	Up to 96 hours
Unknown	Collect respective samples with the times frames listed above

TRUE OR FALSE:

Forensic Healthcare Practitioners are victim advocates.

FALSE



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B

Be Objective

- Healthcare Advocate
- Objective, consistent, and accurate documentation
- Use quotes for patient statements

TRUE OR FALSE:

Sexual assault services are required whenever the police want a physician to complete a “rape kit” on a victim.

FALSE



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C

Consent

Consider the difference between consent for healthcare versus consent for a forensic examination to set priorities

Consent & Assent

Options for Consent

- Medical Examination without forensic examination
- Medical Forensic Examination with storage of samples
- Medical Forensic Examination with report to law enforcement

Assent

- Continued throughout exam
- Avoid revictimization

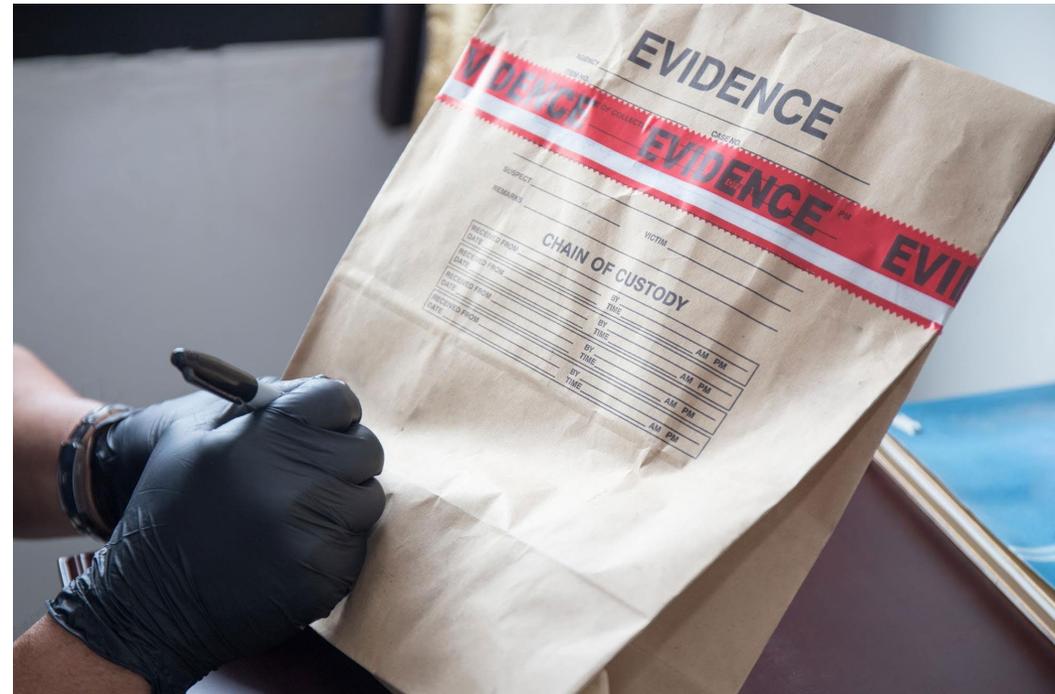
Informed Refusal

- The patient understands the consequences of declining a portion of the exam



WHAT is a Sexual Assault Examination?

- Collision of where healthcare and legal system intersect



Purpose of Evidence Collection



‘ The objective of forensic evidence is to prove or exclude a physical connection between individuals and objects of places’

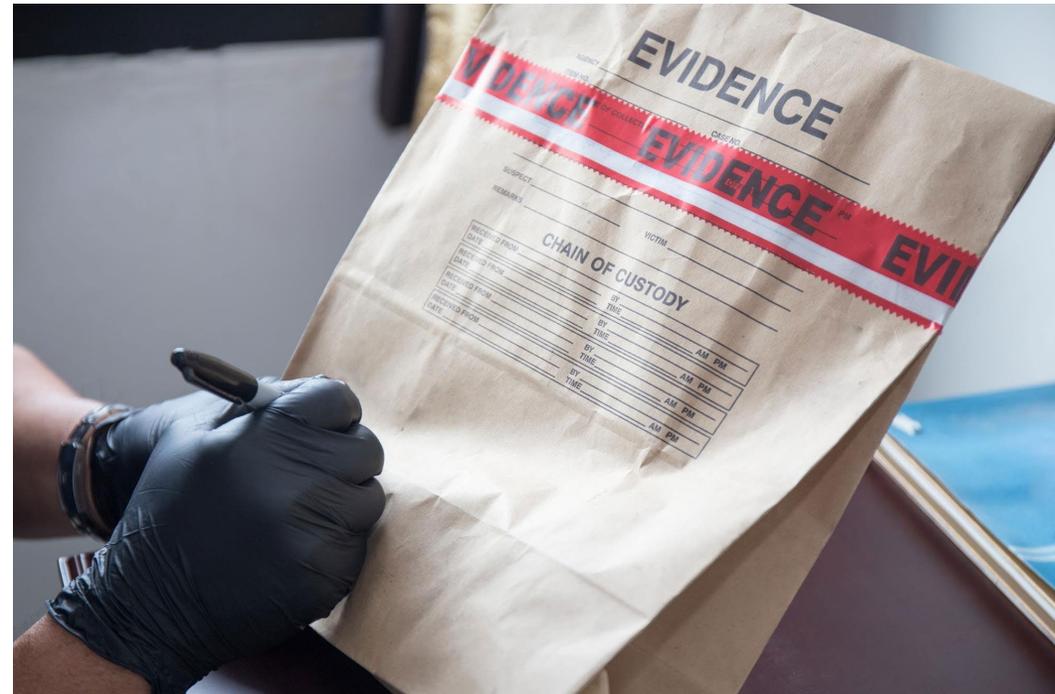
- **Aid investigation**
- **Identify alleged perpetrators**
- **Corroborate facts and/or stated history of events**
- **Exonerate a suspect**



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WHAT is a Sexual Assault Examination?

- Collision of where healthcare and legal system intersect
- The body is the crime scene



EVERY CONTACT LEAVES A TRACE



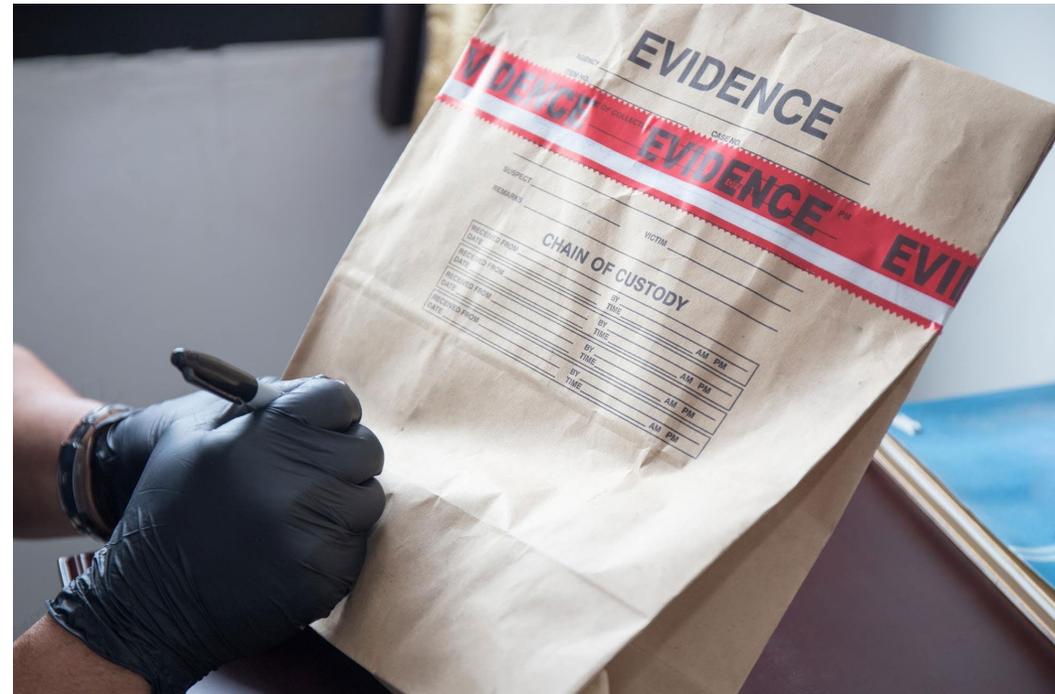
Dr. Edmond Locard
(1877-1966)

LOCARD'S EXCHANGE PRINCIPLE:

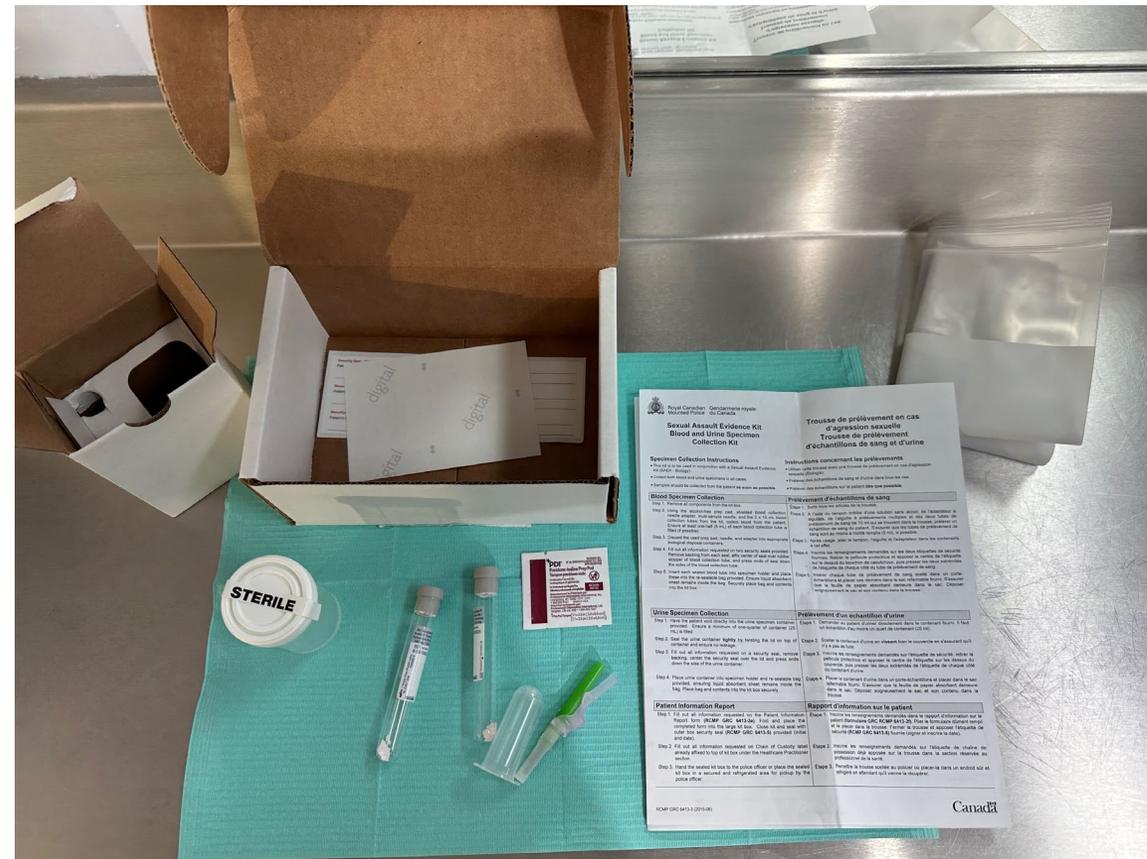
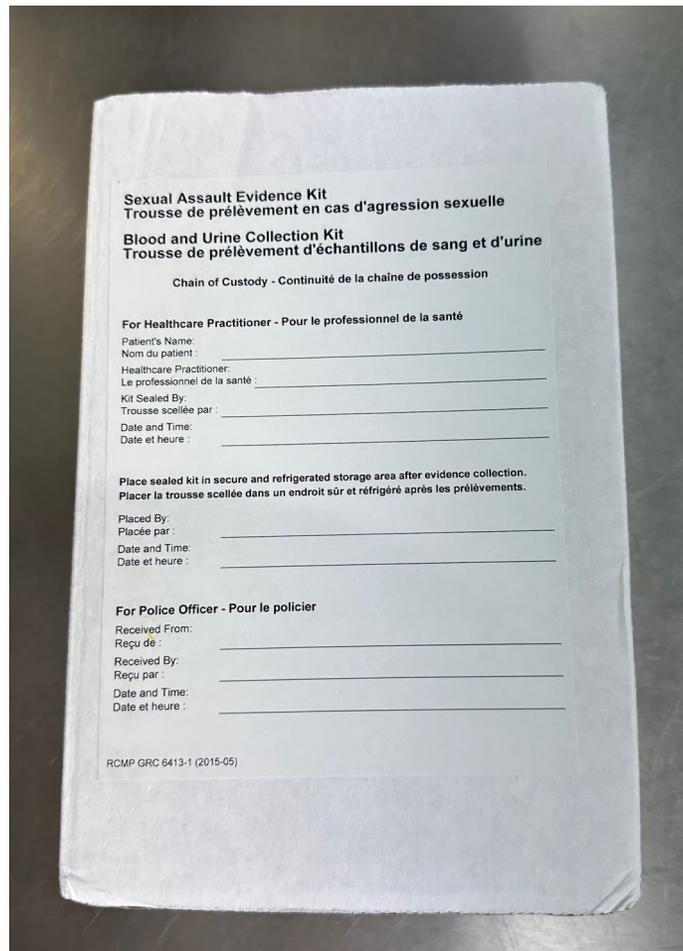
When two objects come into contact with each other, there will be an exchange of material from one object to the other.

WHAT is a Sexual Assault Examination?

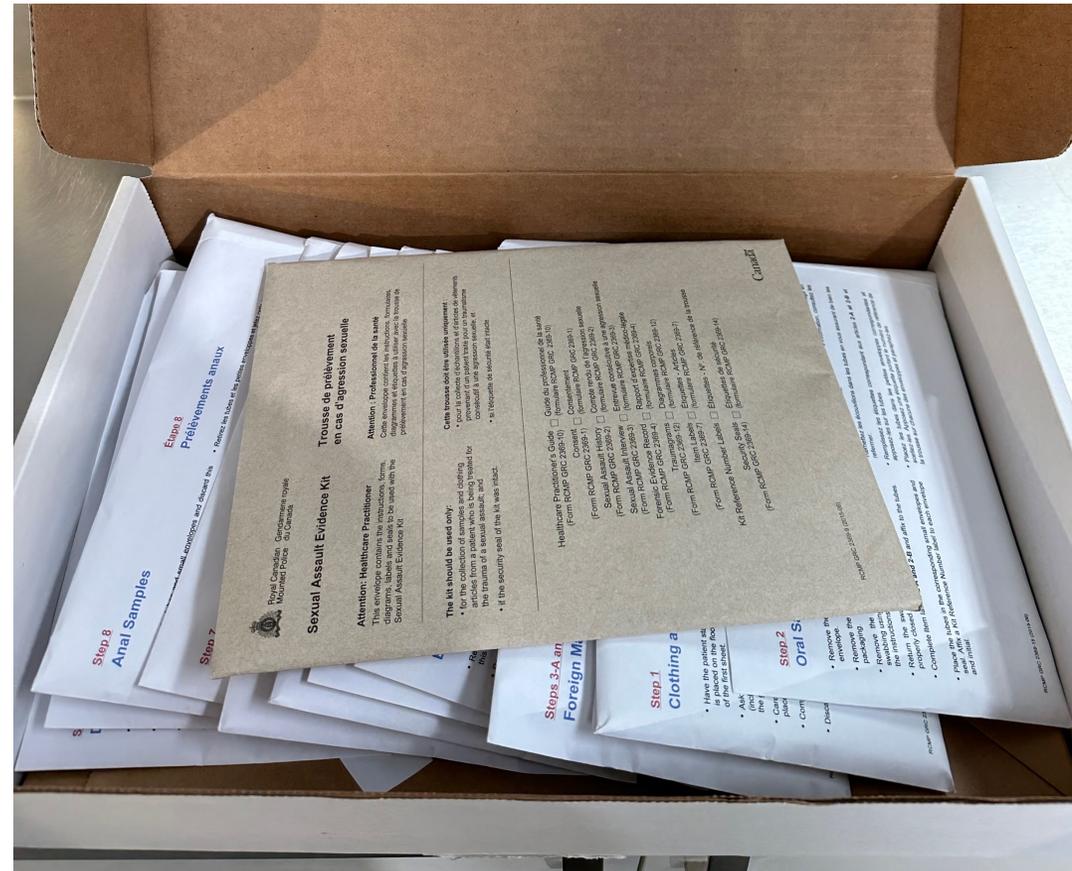
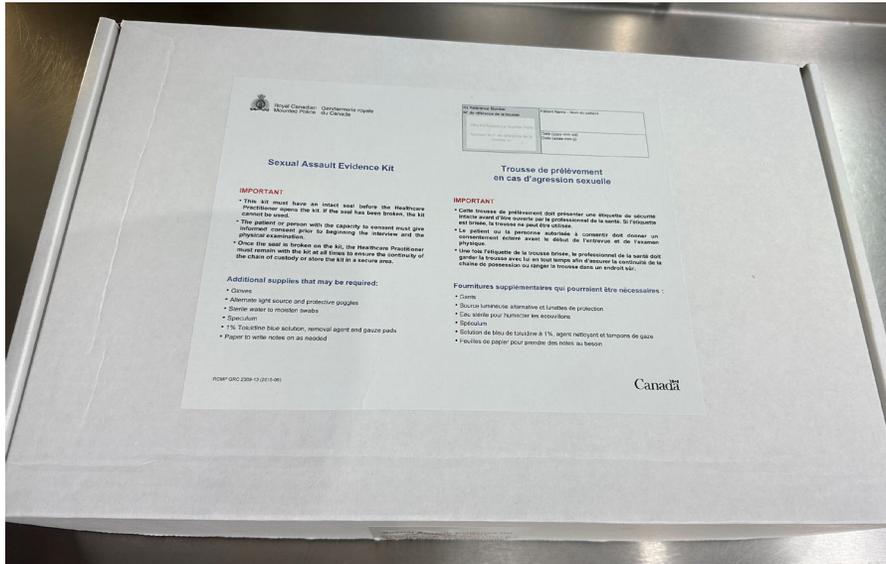
- Collision of where healthcare and legal system intersect
- The body is the crime scene
- Patients have a right to a MFE without limitation or issue by a qualified provider.



WHAT are the components of a Sexual Assault Examination Kit?



WHAT are the components of a Sexual Assault Examination Kit?





Royal Canadian Mounted Police / Gendarmerie royale du Canada

Patient Surname and Given Names	Kit Reference Number <i>Kit de référence: Numéro 1300</i>
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Healthcare Practitioner's Guide

For use with the RCMP Sexual Assault Evidence Kit (SAEK – Biology)

This guide contains all the necessary instructions for the healthcare personnel examining a patient following a recent sexual assault. It provides the instructions for obtaining the sexual assault history, recording the physical examination data, collecting forensic evidence and maintaining its continuity.

Healthcare Practitioner (Print Name and Title)		Signature	Initials
Telephone Number	Assisted by	Date (yyyy-mm-dd)	



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Mandatory Reporting



When do we report?



Who do we report to?

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Discharge Planning & Follow-up

Physical Health

Environment & Safety

Access to services

Community

Emotional Well Being



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KEY TAKEAWAYS

- Healthcare is always a priority over a forensic examination
- Patients can have life-threatening injuries without external signs of trauma
- Screen for 3 and 5 Interventions
- Objective documentation written legibly and in a way that is understandable by non-healthcare personnel is important in legal proceedings
- **Patients** must provide informed consent and continued assent throughout a forensic examination
- Forensic examinations can be delayed for up to 96 hours after the incident
- Every contact leaves a trace
- Utilization of the multidisciplinary team is important in discharge planning



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Q&A

POST YOUR QUESTIONS IN THE CHAT



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