Ohio Protocol for Sexual Assault Medical Forensic Examinations

Adults/Adolescents

2022

Ohio | Department of Health

ACKNOWLEDGMENTS

This protocol was originally developed in 1991 by Ruth Gresham, Janice Rench, and Lynn Helbling Sirinek, working with an Ohio Advisory Committee under subcontract with the Ohio Coalition on Sexual Assault (OCOSA) for the Ohio Department of Health (ODH). A 1999 revision was completed with assistance from Sexual Assault Nurse Examiner (SANE) programs across the state, OCOSA, the Ohio Chapter of Emergency Room Physicians (OACEP), staff from the Attorney General's Ohio Bureau of Criminal Identification and Investigation and Crime Victim Services offices and staff of the ODH Sexual Assault and Domestic Violence Prevention Program. Representatives of these same agencies served on the 2002, 2004, and 2011 protocol update committees.

This revised protocol results from a review of the National Protocol for Sexual Assault Medical Forensic Examination and best practices from other states and a number of experts throughout Ohio. ODH is grateful to these individuals, who gave a considerable amount of guidance, time and effort to produce this protocol. We believe this protocol will enhance the ability of Ohio healthcare practitioners, along with entire sexual assault response teams, to treat and support all patients with a standard of care that is compassionate and consistent.

Individuals serving on the review committees for previous editions of the protocol are available upon request to ODH.

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CONTENTS

GOALS

Goals of the Ohio Protocol for Sexual Assault Medical Forensic Examinations

This protocol has been developed from the recommendations of Ohio experts based on best practices and the National Protocol for Sexual Assault and Medical Forensic Examinations. It is intended to be used by healthcare providers to ensure comprehensive care of sexual assault patients. Priority medical forensic care is to be provided to the sexual assault patient with sensitivity and in a culturally appropriate and respectful manner regardless of when the sexual assault occurred. The type of care received will start the patient on the process of becoming a survivor.

If the examination occurs within 96 hours (four full days) after an attack, evidence collection should always be offered. There are cases in which evidence could be collected beyond 96 hours. Examples include cases in which the patient has been unconscious or sedentary; the sexual assault is due to a cognitive disability and the patient is unable to give an accurate timeline; or an exam may corroborate chronic injury or excessive force related to the sexual assault. Clear documentation, specific to the case, as to the need for an examination beyond 96 hours must be explained on the Sexual Assault Forensic Examination (SAFE) reimbursement request form.

Ohio has chosen to align with the National Protocol for Sexual Assault and Medical Forensic Examinations by recommending that examinations and treatment for sexual assault patients be completed by healthcare providers [physicians, physician assistants, nurse practitioners or sexual assault nurse examiners (SANE) with specialized education, training, and experience in the evaluation and treatment of this patient population.

This protocol can be used with a patient aged 13 and over and post-menarche. For the minor patient age 16 or 17 years old without cognitive disabilities, the healthcare professional will evaluate patient history to determine if the assault occurred more than 96 hours prior to the exam. Please see the Ohio Protocol for Sexual Assault Medical Forensic Examinations: Child/Adolescents.

This document is intended only to improve the criminal justice system's response to victims of sexual assault and the sexual assault medical forensic evaluation process. It does not address the remedies that may be available to patients through the civil justice system and does not create a right or benefit, substantive or procedural, for any party.

INTRODUCTION

Sexual assault: For the purposes of this protocol, “sexual assault” encompasses a wide range of criminalized sexual conduct, including rape and sexual battery. Division (A) of the Ohio Revised Code (ORC) section 2907.01 defines “sexual conduct” as “vaginal intercourse between a male and female; anal intercourse, fellatio and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.” This protocol doesn’t attempt to address the legalities of sexual assault. Instead, it sets forth the manner in which a healthcare provider is to approach the examination of a reported sexual assault patient while maintaining the dignity of the patient and the integrity of the process. A list of O.R.C citations relevant to sexual assault can be found in Section A4, page 43 of this protocol and at codes.ohio.gov.

The completed Sexual Assault Evidence Collection Kit is considered biological evidence, defined by the ORC 2933.82(A) (1) (a) (i), and must be turned over to the law enforcement agency with jurisdiction where the crime occurred. Beginning in 2010, Ohio law specifies retention times for biological evidence. ORC 2933.82(B). The best practice is for all facilities to establish, within the community, sexual assault response team (SART) protocol, an agreement with the county prosecutor and local enforcement agencies regarding the storage and disposition of kits. A contingency plan for the handling of unnamed kits, and kits whose proper jurisdiction is unknown or is outside of the county, should also be included in the SART protocol.

The following protocol was developed by the Ohio Department of Health in conjunction with: Ohio Attorney General’s Office, Bureau of Criminal Identification and Investigation, Forensic Nursing Network, Ohio Chapter of the American College of Emergency Physicians, Ohio Chapter of the International Association of Forensic Nurses, Ohio Committee on Child Abuse and Neglect of the American Academy of Pediatrics, Ohio Chapter, and other identified experts. The protocol is issued under the authority of the director of health, who is charged by the Ohio General Assembly to establish procedures for gathering evidence related to sexual assault (ORC 2907.29),

SECTION A
OVERARCHING ISSUES

This section presents issues that impact all or most of the sexual assault medical forensic exam process. The following chapters are included:

1. Coordinated Team Approach (SART)

A sexual assault response team (SART) is a group comprised of specially trained members of healthcare, law enforcement, prosecution, and advocacy, as well as community members/agencies that work together to provide services to victims of sexual assault, while investigating sexual assault cases for criminal prosecution. SART goals have expanded to achieve justice and enhance community safety including, but not limited to, criminal prosecution.

The main functions of SART are to:

- Increase intra-agency and interagency collaboration and coordination when responding to sexual assault.
- Identify inadequacies and limitations in and among systems.
- Ensure appropriate, trauma-informed responses to support victims.
- Improve offender accountability.

SARTs focus on improving the coordination of services from local agencies — law enforcement, advocacy and victim service organizations, healthcare providers, prosecution, and others — that respond to sexual assault, both immediately after a disclosure of sexual assault and across the lifespan of a victim. This coordination strives to better protect victim rights, increase prosecution rates, and decrease the short- and long-term costs of sexual assault on victims, systems, and communities.

In addition to coordinating responses to specific victims, many SARTs work together to identify gaps and improve responses to reports of sexual assault. Teams may take on one issue at a time, such as the accessibility and standard use of interpreters, or embedding forensic experiential trauma interviewing, or they may address multiple issues as they do their collaborative work. In this *system change* work, they go beyond coordinating the response on individual cases to assessing and addressing gaps that may occur for any victim.

SARTs ensure appropriate responses through the ongoing application of trauma-informed training to victim services, response, policy, and practice. As they increase their awareness of the effects trauma has on a victim, SARTs will be able to tailor each piece of the response — including advocacy and medical services, investigation, and prosecution — to the reality of each victim when they interact with each professional.

How teams organize and structure themselves to do this work varies widely. Models range from informal, cooperative partnerships to more formally coordinated and multidisciplinary responses on local, regional, state, tribal, or territory levels.

Quality Assurance Measures

Develop quality assurance measures to ensure effective coordinated response during the exam process. Involved agencies should have mechanisms to ensure that the quality of discipline-specific response and coordinated response is optimal. Some tools to ensure consistent high-quality response by involved professionals include training, ongoing education, supervision, periodic performance evaluations, and peer reviews (e.g., medical forensic reports). Also useful in facilitating improvements to immediate response are feedback from patients and involved professionals, and collection and analysis of data from the exam process (as discussed below).

Obtain feedback on patient impact, the exam process, and criminal justice outcomes. All involved responders can benefit from patients' feedback about whether they felt response to the crime was adequate and if anything could have been done to improve response or better address their needs. It can be useful to talk with patients about their experiences during the exam process and explore how the process might be changed to better minimize trauma. Patient feedback can be obtained in several ways: by requesting completion of an evaluation form (not immediately after the exam), conducting a follow-up phone survey, and inviting participation in focus group discussions. Ask patients prior to discharge if they will allow such subsequent contacts and the best method of contacting them. Advocates can help design a patient feedback system that is sensitive, does not harm patients, and has mechanisms to quickly link patients with appropriate patient services if needed. Families and friends of patients may also be able to provide useful feedback.

Obtain feedback from first responders on their experience and perspective on the process. Some of this information could be routinely solicited and discussed at SART meetings and jurisdictional sexual assault coordinating council meetings (to assess what works and what needs improvement). Also, periodic evaluation of the exam process by examiners, medical supervisors/examiner program directors, advocates, law enforcement representatives and prosecutors can help ensure that the patients' needs are addressed, problems are resolved, cutting-edge practices and technologies are used as much as possible, and training needs are identified. In terms of getting feedback on how the exam process impacts criminal justice outcomes, examiners can benefit from access to crime lab reports on evidence collected and feedback from crime lab personnel about improving their evidence collection techniques. Prosecutors can provide examiners and law enforcement representatives with information about the usefulness of evidence collected in case prosecution. Advocates can encourage discussion on how the exam process can affect patients' interest in and willingness to be involved in the criminal justice system. Law enforcement representatives and other first responders can discuss with examiners and crime lab personnel optimal methods to preserve evidence from patients prior to their arrival at the exam site. These are but a few examples of how first responders could use feedback on criminal justice outcomes to improve the exam process.

Consider collecting and analyzing data from the exam process to better understand the nature of assaults in the community and evaluate effectiveness of responses. (Information that may identify patients should not be included in collected data. Attention must be given to protecting the patient's identity.) Over time, such data may help to:

- Track the participation of involved responders, agencies, and facilities.

- Evaluate the strengths and weaknesses of agency and coordinated responses.
- Assess the effectiveness of response in different types of cases (e.g., stranger assaults versus non-stranger-assaults).
- Improve the quality of the examination.
- Evaluate the impact of the collected evidence on criminal justice outcomes.
- Track and evaluate patient service outcomes.[1]

RULES FOR CASE REVIEW:

- All SART members will sign the Confidentiality Rules and Agreements.
- No written material with case information will leave the meeting room.
- Specific details of individual cases will not be discussed outside the meeting room.
- When cases are reviewed, all identifying information will be removed.
- Documents used in the case review will be returned to _____ and will be shredded following the meeting.

CONFIDENTIALITY AGREEMENT:

1. All SART case review information and details of discussions are to be regarded as confidential. As a team member, you are expected to:
   - Protect and secure information in your possession.
   - Not discuss or share specific information about individual cases or the proceedings of the case review outside of the meeting.
   - Return all written case information to _____ after the case review meeting.
   - Not photocopy or duplicate case review information.

2. Do not discuss or share with the media (print, radio, television, or online) any information about the SART case review or information discussed during the meeting. Please refer such inquiries to _____.

3. Refrain from naming individuals (including family members) or sharing anecdotal information about them during the case review meetings.

I, _____, agree to adhere to the above request to work cooperatively with other SART members and keep details of case information and discussions strictly confidential.

_____ _____
Signed Date

We understand that you have been through a traumatic experience. As much as possible, we would like to be of assistance in your time of recovery. In order to do so, please help us by giving your honest evaluation of the program. Tell us what things you see that work well and tell us what things are not working so well. Return the form in the envelope provided. You may attach additional paper to the form to fully express your comments.

1. It would help us to know the names of the people who took care of you, but it is not required.

Police Officer/ Detective _____ Department _____

Examiner _____

Nurse _____

Advocate/Crisis Counselor _____

1. What is the age of person who was examined? _____

2. Date of your SAFE Exam? _____

PLEASE CHECK "YES" OR "NO" FOR THE FOLLOWING QUESTIONS.
YOU MAY IDENTIFY THE PERSON FOR ALL "NO" ANSWERS (I.E., EXAMINER, OFFICER, ETC.)

4. Would you describe the people who took care of you as sensitive and caring? If no, please explain.
   a. The Police Department? ☐ yes ☐ no
   b. The Nurse? ☐ yes ☐ no
   c. The Forensic Examiner? ☐ yes ☐ no
   d. The Patient Advocate? ☐ yes ☐ no
      - Did they speak in words that you understood? ☐ yes ☐ no
      - Did they explain what they were doing and why it was necessary? ☐ yes ☐ no
      - Did they explain all the forms you were asked to sign? ☐ yes ☐ no
      - Did they tell you about the medical exam? ☐ yes ☐ no
      - Did they tell you about what resources were available for medical follow-up, counseling, and financial assistance? ☐ yes ☐ no

6. Please explain why you answered "no" to any of the questions. _____

_____

7. Are there any suggestions you want to make that you feel would make this process better or easier?

_____

_____

8. Overall, how would you rate your care in the SAFE Program? (Please check).

☐ Excellent ☐ Very Good ☐ Okay ☐ Fair ☐ Poor

9. If you are in need of additional help or information, please include your name and phone number and you will be contacted._____

****

Thank you for giving us your feedback.
It is the intention of the program to be helpful and caring to those who use it.

Program contact information here

Sample Patient Evaluation of Services

Ohio Department of Health

Date of exam: _____

Advocate: _____

Forensic nurse: _____

Law enforcement (name/department): _____

***Only one name is necessary to identify all service providers.

***Patient name will NEVER be put on this form.

1. If you called the crisis line personally, was your call returned within 15 minutes? ☐ yes ☐ no

2. Were you transported to the facility by ambulance, law enforcement or advocate? ☐ yes ☐ no

3. If you met the nurse at the Forensic Program, did they arrive within an hour from the time of the call to our crisis line? ☐ yes ☐ no ☐ n/a

3a. If you met the advocate at the Forensic Program, did they arrive within an hour from the time of the call to our crisis line? ☐ yes ☐ no ☐ n/a

4. If law enforcement had not been called upon arrival, were you given information on reporting to police and the options available to you regarding the evidence collection kit – for example, reporting, not reporting, unnamed kit? ☐ yes ☐ no ☐ n/a

5. Were the rooms, both lounge and exam room, comfortable? ☐ yes ☐ no

6a. Was the advocate easy to work with and sensitive to the situation? If no, please explain? ☐ yes ☐ no

6b. Was the nurse easy to work with and sensitive to the situation? ☐ yes ☐ no

If no, please explain? _____

6c. If applicable, was law enforcement easy to work with and sensitive to the situation? ☐ yes ☐ no

If no, please explain? _____

7. How long did it take to complete your exam? _____

8. Did the advocate give you information on community resources? ☐yes ☐no ☐n/a

9. Were you advised to seek follow-up care with a family physician or another healthcare provider before you left? (This includes follow-up for pregnancy, injury and STIs) ☐yes ☐no

10. Did the advocate ask to follow up with you in a few days? ☐yes ☐no ☐n/a

11. Was the facility in general (lounge, exam room, bathrooms, and entrance) clean? ☐yes ☐no

12. Overall, how would you rate your experience and treatment in our facility?
(1 being the worst and 10 being the best)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

13. General comments about the nurse, the advocate or the law enforcement officer you worked with:

14. General comments about your experience at the forensic program:

15. Any additional thoughts or comments:

Sample Forensic Chart Review Quality Assurance Form

Ohio Department of Health

Item	Percentage	Yes/ No	Score
Is there a signed consent for the exam by the client or legal guardian?	8%		
Is there a completed safety assessment present?	8%		
Is there a completed Patient Information Form?	8%		
Is there a copy of the Evidence Collection Kit paperwork in the file?	8%		
Is time of assault documented?	5%		
Is beginning time of exam documented?	5%		
Is the file properly signed?	18%		
Is the file complete?	10%		
Is all handwriting legible?	5%		
Are photographs properly documented and saved in a secure and accessible location?	10%		
Are photographs clear and easy to read?	15%		
Total			0

Forensic Nurse/SANE Name: _____

Patient Record# _____

Forensic Nurse Manager/Coordinator: _____

Date: _____

Date of exam: _____

Advocate: _____

Forensic nurse: _____

Law enforcement (name/department): _____

**********ADVOCATE – PLEASE FILL OUT**********

1. Did the nurse answer when you called her about the assault or return your call promptly? ☐ yes ☐ no ☐ n/a

2 Did the nurse arrive at the Forensic Program within an hour of the call? ☐ yes ☐ no ☐ n/a

3. Did the nurse go over the consent form and the release of information carefully with the patient? ☐ yes ☐ no ☐ n/a

4. Was the nurse empathetic with the patient? ☐ yes ☐ no ☐ n/a

5. Did the nurse use appropriate (non-blaming) statements when talking to the patient? ☐ yes ☐ no ☐ n/a

6. How long did it take to complete the kit (just the time for the kit itself)? _____

7. Did the nurse talk to the patient about STDs and follow-up care with a physician? ☐ yes ☐ no ☐ n/a

8. Was law enforcement called before or during the kit for the patient to report the assault? ☐ yes ☐ no ☐ n/a

Client did not wish to report at the time:

9. Was the officer/deputy empathetic with the patient? ☐ yes ☐ no ☐ n/a

10. Did the officer/deputy use appropriate (non-blaming) statements when talking to the patient? ☐ yes ☐ no ☐ n/a

11. Was chain of custody followed for the evidence? ☐ yes ☐ no ☐ n/a

************FORENSIC NURSE – PLEASE FILL OUT *************

1. Did the advocate arrive at the Forensic Program within an hour of the call? ☐yes ☐no ☐n/a
2. Was the advocate empathetic with the patient? ☐yes ☐no ☐n/a
3. Did the advocate use appropriate (non-blaming) statements when talking to the patient? ☐yes ☐no ☐n/a
4. Did the advocate help with the end of the exam wrap-up (if applicable)? ☐yes ☐no ☐n/a
5. Was law enforcement called before or during the kit for the patient to report the assault? ☐yes ☐no ☐n/a

Client did not wish to report at the time:

6. Was the officer/deputy empathetic with the patient? ☐yes ☐no ☐n/a
7. Did the officer/deputy use appropriate (non-blaming) statements when talking to the patient? ☐yes ☐no ☐n/a
8. Was chain of custody followed for the evidence? ☐yes ☐no ☐n/a

************LAW ENFORCEMENT – PLEASE FILL OUT *************

1. Did the advocate arrive at the Forensic Program within an hour of the call? ☐yes ☐no ☐n/a
2. Was the advocate empathetic with the patient? ☐yes ☐no ☐n/a
3. Did the advocate use appropriate (non-blaming) statements when talking to the patient? ☐yes ☐no ☐n/a
4. Was the nurse empathetic with the patient? ☐yes ☐no ☐n/a
5. Did the nurse use appropriate (non-blaming) statements when talking to the patient? ☐yes ☐no ☐n/a
6. Did the nurse have the evidence packaged properly for submittal to BCI? ☐yes ☐no ☐n/a
7. Was chain of custody followed for the evidence? ☐yes ☐no ☐n/a

2. Trauma Informed Care

It is critical to respond to individuals disclosing sexual assault in a timely, culturally appropriate, sensitive, and respectful manner. Every action taken by medical services, law enforcement, prosecutor, and advocacy services during the exam helps facilitate the patient's (hereinafter known as "patient") care and healing and/or the investigation (if the patient chooses to report to law enforcement).

Sexual assault patients should be viewed as "priority emergency cases" and be provided the necessary means to ensure patient privacy. The patient should be given priority for a room assignment in a private area. The examiner should recognize that every minute the patient spends waiting for a medical forensic exam there may result in loss of evidence and undue trauma.

As with all trauma, each individual has their own way of coping in accordance with the individual's cultural beliefs, values, and norms. Sexual assault is certainly no different, and in the aftermath of an assault a patient may present exhibiting a wide range of emotions. Some patients may appear calm, indifferent, submissive, angry, uncooperative, or even hostile to those trying to help. They may also giggle or laugh at seemingly inappropriate times. Because individuals react differently following a sexual assault, a patient should be allowed to express emotions in a supportive environment. It is vital that all first responders understand that there isn't any "right" or "wrong" way for a patient to respond following an assault. A patient's emotional reaction should in no way influence the quality of care given. How a patient presents emotionally at the facility is in no way indicative of the degree of seriousness of the assault, nor should it be taken as evidence that an assault did or did not occur.

While reactions to a sexual assault may vary significantly for each individual, there are certain common feelings and fears that many patients face including:

- Fear of not being believed.
- Fear of being blamed for the assault.
- Fear that the offender may return and/or retaliate.
- Fear of loss of support by primary caregiver or personal care attendant if either is the perpetrator.
- Fear of unknown medical and/or criminal justice processes.
- Fear of friends and family finding out.
- Fear of being labeled a 'victim.'
- Feelings of shame and/or embarrassment.
- Feelings of guilt.
- Feeling suspicious and/or hypervigilant.
- Feeling unsafe or frightened.
- Feeling a loss of control.
- Fear of systems.

It is the duty and obligation of the responding medical, law enforcement, prosecutor, and advocacy services (i.e., SART team members) to address concerns in a way that is appropriate and respectful to

the needs of the patient.

Develop culturally responsive care and be aware of issues commonly faced by patients from specific populations. Develop culturally appropriate and sensitive care by building awareness about and sensitivity to the ways that culture can impact a person's experience in the immediate aftermath of sexual assault and across the lifespan. Be aware and responsive to the ways in which cultural identities (e.g., race, ethnicity, gender, religion, ability/disability, language [limited English proficiency], immigration status, socioeconomic status, sexual orientation, gender identity or expression, age) may influence a person's experience during the exam process as well. Education for responders on issues facing a specific population may serve to enhance care, services, and interventions provided during the exam process. Responders should identify different populations that exist in their jurisdictions and determine what information they should have readily available to help them serve patients from these populations, including what languages are spoken by the populations and how to access interpreters for each language needed. Building understanding of the perspectives of a specific population may help increase the likelihood that the actions and demeanor of responders will mitigate victim trauma. However, do not assume that patients will hold certain beliefs or have certain needs and concerns merely because they belong to a specific population. And, as pointed out earlier, recognize that patients' experiences are affected by any number of external factors.

Develop policies and plans. Involved agencies and SART/SARTs should develop policies and plans to meet the needs of specific patient populations (e.g., to obtain necessary interpreter services and translated documents for limited English proficient patients and qualified interpreters for Deaf and hard-of-hearing patients and individuals with sensory or communication disabilities and identify legal referrals for immigrant patients of sexual assault, domestic violence, dating violence, and stalking.) When creating these plans, consider what barriers exist for patients from different populations to receiving a high-quality exam and what can be done to remove these barriers. Also, consider what equipment and supplies might be needed to assist persons from specific populations (e.g., a hydraulic lift exam table may be useful with patients who have a physical disability or non-gendered body maps for patients who are transgender). Relevant responders need to have access to and know how to use such equipment or supplies.

Partner with those who serve specific populations. Involved responders should seek expertise from and collaborate with organizations and leaders that serve specific populations. Not only may they be willing to provide information and training on working with patients from the populations they serve, but they also may be a resource before, during, and after the exam process. If responders may be involved in the immediate response to patients, they should be trained on the dynamics of sexual victimization and procedures for getting help for patients and work with the multidisciplinary response team to clarify their roles and procedures for response.

Explore the needs of specific populations. To gain a basic understanding of potential issues and concerns facing different groups of sexual assault patients, this section explores several specific populations.[2] This exploration is not inclusive of all populations of patients, but a more comprehensive discussion on this topic is beyond the scope of this document.

Recognize the importance of victim services within the exam process. In many jurisdictions, sexual assault victim advocacy programs and other victim service programs offer a range of services before, during, and after the exam process. (See below for a description of typical services.) Ideally, advocates should begin interacting with patients in a language the patient understands prior to the exam, as soon as possible after assault disclosure. Patients who come to exam sites in the immediate aftermath of an assault are typically coping with trauma, anticipating the exam, and considering the implications of reporting. Most responders that patients come in contact with are focused on objective tasks. Law enforcement officials gather information and collect crime scene evidence to facilitate the investigation. Healthcare personnel assess medical needs, offer treatment, and collect evidence from patients. Patients must make many related decisions that may seem overwhelming. Advocates can offer a tangible and personal connection to a long-term source of support and advocacy[3]. Community-based advocates, in particular, have the sole purpose of supporting patients' needs and wishes. Typically, these advocates are able to talk with patients with some degree of confidentiality, depending on jurisdictional statutes, while statements patients make to examiners become part of the medical forensic report (Littel, 2001, p. 6). When community-based advocates support patients, examiners can more easily maintain an objective stance (Littel, 2001; International Association for Forensic Nurses, 2008). In addition, civil attorneys may be able to help patients assess legal needs and options, including privacy, safety, immigration, housing, education, and employment issues.

Be aware of the extent of available services. Services offered by advocates during the exam process may include:[4]

- Accompanying the patients through each component. (Advocates may accompany patients from the initial contact and the actual exam through to discharge and follow-up appointments.)
- Serving as an information resource for patients (e.g., to answer questions; explain the importance of prompt law enforcement involvement if the decision is made to report; explain the value of medical and evidence collection procedures; explain legal aspects of the exam; help them understand their treatment options for STIs, HIV, and pregnancy; serve as a resource and follow-up point of contact for any future inquiries such as payment method for the exams; and provide referrals).
- Assisting in coordination of patient transportation to and from the exam site.
- Providing patients with crisis intervention[5] – and support to help cope with the trauma of the assault[6] – and begin the healing process.
- Actively listening to patients to assist in sorting through and identifying their feelings.
- Letting patients know their reactions to the assault are normal and dispelling misconceptions regarding sexual assault.
- Advocating for patients' self-articulated needs to be identified and their choices to be respected, as well as advocating for appropriate and coordinated response by all involved professionals.
- Supporting patients in voicing their concerns to relevant responders.

- Responding in a culturally and linguistically sensitive and appropriate manner to patients from different backgrounds and circumstances and advocating for the elimination of barriers to communication.
- Providing replacement clothing when clothing is retained for evidence, as well as toiletries.
- Aiding patients in identifying individuals who could support them as they heal (e.g., family members, friends, counselors, employers, religious or spiritual counselors/advisors, and/or teachers).
- Helping patients' families and friends cope with their reactions to the assault, providing information, and increasing their understanding of the type of support patients may need from them.
- Assisting patients in planning for their safety and well-being.

Post exam, advocates can continue to advocate for patients' rights, wishes, and autonomy; offer patients ongoing support, counseling,[7] information, and referrals for community services; assist with applications for patient compensation programs;[8] and encourage patients to obtain follow-up testing and treatment and take medications as directed. They can also accompany patients to follow-up appointments, including those for related medical care, and criminal and civil justice-related interviews and proceedings. They can work closely with the responders involved to ensure that post exam services and interventions are coordinated in a complementary manner and are appropriately based on patients' needs, wishes, and autonomy.

When an individual presents to a medical facility stating they were sexual assaulted, use an internal protocol to immediately contact the victim service/advocacy program and request an advocate be sent to the exam site (unless an advocate has already been called).[9] Prior to introducing the advocate to a patient, exam facility personnel should explain briefly, in a language the patient understands, the victim services offered and ask whether the patient wishes to speak with the onsite advocate. Note that some jurisdictions require that patients be asked whether they want to talk with an advocate before the advocate is contacted.[10] If possible, patients should be allowed to meet with advocates in a private place prior to the exam. Ideally, a patient should be assisted by the same advocate during the entire exam process.[11]

Accommodate patients' requests to have a relative, friend, or other personal support person (e.g., religious and spiritual counselor/advisor/healer) present during the exam, unless considered harmful by responders.[12] An exception would be if responders consider the request to be potentially harmful to the patient or the exam process.[13] Patients' requests to not have certain individuals present in the room should also be respected (e.g., adolescents may not want their parents present). Examiners should get explicit consent from patients to go forward with the exam with another person present. When others are present, appropriately drape patients and position additional persons to maximize privacy for the patient.

Strive to limit the number of persons (beyond the patient, examiner, advocate, personal support person, and any necessary interpreters) in the exam room during the exam. The primary reason is to protect patients' privacy, but also because exam rooms often cannot accommodate more than a few individuals. Law enforcement representatives should not be present during the exam. When additional healthcare personnel are needed for consultation (e.g., a surgeon), patients' permission should be sought prior to their admittance. In cases in which examiners are supervising an examiner-in-training/licensed

healthcare student, patients' consent should be obtained prior to the student's admittance to examine patients or observe the exam. It is inappropriate to ask patients to allow a group of nonlicensed medical students to view the exam. It is also inappropriate to ask patients about aspects of their health, body, legal status, or identity that are not related to the assault.

Accommodate patients' requests for responders of a specific gender throughout the exam as much as possible. For a variety of reasons, some patients may prefer to work with a male or female law enforcement official, advocate, and/or examiner.

Prior to starting the exam and conducting each procedure, explain to patients in a language the patients can understand what is entailed and its purpose. In addition, it is important to explain the exam process and the purpose of the exam more generally (e.g., how the evidence may be used by the criminal justice system). A clear explanation is particularly important for individuals who may not previously have had a pelvic exam or medical care, or who have difficulty understanding what has happened and why they are being asked to undergo a medical forensic exam. Remember that some exam procedures may be uncomfortable and painful to patients, considering the nature of the trauma they have experienced. By taking the time to explain procedures and their options, patients may be able to better relax, feel more in control of what's occurring, and make decisions that meet their needs. After providing the needed information, seek patients' permission to proceed with exam procedures.

Address and respect patients' priorities. Although medical care and evidence collection may be encouraged during the exam process, responders should provide patients with information about all their options and assess and respect their priorities.

Integrate medical and evidentiary procedures where possible. Medical care and evidence collection procedures should be integrated to maximize efficiency and minimize trauma to patients. For example, draw blood needed for medical and evidentiary purposes at the same time. Also, coordinate information-gathering by healthcare and legal personnel to minimize patients having to answer repetitive questions. Consider the implications of the evolving law on hearsay exceptions and patient privacy when determining the level and nature of coordination.

Address patients' safety during the exam. When patients arrive at the exam site, healthcare providers should assess related safety concerns. For example, a caretaker, partner, or family member who is suspected of committing the assault may have accompanied the patient to the facility. Some patients, including people who are transgender, may also fear assault or belittlement by healthcare professionals' and/or law enforcement officials' responses to their gender identity or expression and/or sexual orientation. Follow facility policy on response to this and other types of potentially threatening situations. Also, exam sites should have plans in place to protect patients from exposure to potentially infectious materials during the examination. Prior to discharge, assist patients in planning for their safety and well-being. Planning should consider needs that may arise in different types of cases. For example, patients who know the assailants may not be concerned only about their ongoing safety but also about the safety of their families and friends. Local law enforcement may be able to assist facilities in addressing patients' safety needs.

Provide information that is easy for patients to understand, in the patient's language, and that can be reviewed at their convenience.[14] Information should be tailored to patients' communication skill level/modality and language. This includes providing interpreter services and the translation of documents into languages other than English for limited English proficient (LEP) patients. Developing

material in alternative formats may be useful, such as information that is taped, in Braille, in large print, in various languages, or that uses pictures and simple language.[15] A patient booklet or packet that includes information about the following topics may be helpful:

- The crime itself (e.g., facts about sexual assault and related criminal statutes).
- Normal reactions to sexual assault (stressing that it is never the patient's fault), and signs and symptoms of traumatic response.
- Victims' rights.
- Victim support and advocacy services.
- Civil, criminal, and immigration legal services.
- Mental health counseling options and referrals.
- Resources for the patient's significant others.
- The examination — what happened and how evidence/findings will be used.
- Medical discharge and follow-up instructions.
- Planning for the patient's safety and well-being.
- Examination payment and reimbursement information.
- Steps and options in the criminal justice process.
- Civil and immigration remedies that may be available to sexual assault patients.
- Procedures for patients to access their medical record or applicable law enforcement reports.

Address physical comfort needs of patients prior to discharge. For example, provide them with the opportunity to wash in privacy (offering shower facilities if at all possible[16]), brush their teeth, change clothes (clean and ideally new replacement clothing should be available), get food and/or a beverage, and make needed phone calls. They may also require assistance in coordinating transportation from the exam site to their home or another location.

Patients from Various Cultural Groups

- Understand that culture can influence beliefs about sexual assault, its patients, and offenders. It can affect healthcare beliefs and practices related to the assault and medical treatment outcomes. It can also influence beliefs and practices related to emotional healing from an assault. In addition, it can impact beliefs and practices regarding justice in the aftermath of a sexual assault, the response of the criminal justice system, and the willingness of patients to be involved in the system (Poldon, et. al., 2021).
- Understand that some patients may be apprehensive about interacting with responders from ethnic and racial backgrounds different from their own. They may fear or distrust responders or assume they will be met with insensitive comments or unfair treatment. They may benefit from responders of the same background or those who understand their culture. Conversely, in smaller ethnic and racial communities, patients may be more likely to know the responder and doubt the responder's ability to maintain confidentiality.
- Be aware that cultural beliefs may preclude a member of the opposite sex from being present when patients disrobe. Also, it may be uncomfortable for patients from some cultures to speak about the assault with members of the opposite sex.
- Understand that patients may not report or discuss the assault because the stigma associated with it is so overwhelmingly negative. In some cultures, for example, the loss of virginity prior to marriage is devastating and may render patients unacceptable for an honorable marriage.

Even discussing an assault or sexual terms may be linked with intense embarrassment and shame in some cultures.

- Be aware that beliefs about biological sex, sexual orientation, gender identity or expression, race, ethnicity, and religion may vary greatly among patients of different cultural backgrounds. Also, understand that what helps one patient deal with a traumatic situation like sexual assault may not be the same for another patient.
- Help patients obtain culturally specific assistance and/or provide referrals where they exist.[17]

Patients with limited English Proficiency[18]

Be patient and understanding toward patients' language skills and barriers, which may worsen with the crisis of sexual assault (Ham, 2004).

- Develop policies and train responders to be able to identify a patient's limited English proficiency and primary language spoken and written.
- Make every attempt to provide same language service through the use of demonstrably bilingual examiners or by providing monolingual examiners with support from professional interpretation services and translated materials for patients who are not proficient in English,[19] who have limited English proficiency (LEP), or who may prefer to communicate in a non-English language. Use qualified interpreters and not patients' families or friends.[20] Take the patient's country of origin, acculturation level, and dialect into account when responding or arranging interpretation.[21] Remember to speak directly to patients when interpreters are used. Consider the patient's need for modesty and privacy when determining where interpreters should be located in the exam room.
- Train interpreters about issues related to sexual assault and the exam process[22] whenever they are needed to facilitate communication in these cases. Ensure that the examiners are trained in the proper use and ethical requirements of using an interpreter.
- Make sure that interpreters understand that they may need to testify.[23]
- Understand that patients who are immigrants may fear that assisting law enforcement may identify them to immigration authorities for deportation (National Sexual Violence Resource Center, 2018 Immigrant Victims of Sexual Assault).
- All sexual assault patients should be provided information regarding U visa relief, in the event that this information would be helpful. (U nonimmigrant status, or U visa, is set aside for victims of certain crimes and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity.) (National Sexual Violence Resource Center, 2018 Immigrant Victims of Sexual Assault).Work with law enforcement partners to develop and publicize protocols precluding detention or other immigration enforcement against patients who come forward to report a sexual assault.
- Work with law enforcement to develop and publicize U visa certification protocols.
- While it is not appropriate to ask a patient's immigration status, anticipate that a patient will not self-identify as undocumented for fear of deportation. Such information about their rights should be offered in a non-judgmental manner to all patients and in coordination with a referral to an immigration service provider expert in working with immigrant populations.

Patients with Disabilities

- Understand that patients with disabilities may have physical, sensory, cognitive, developmental, or mental health disabilities, or a combination of disabilities. Make every effort to recognize issues that arise for patients with disabilities (both in general and in relation to their specific disability) and provide reasonable accommodations when working with them.
- Be aware that the risk of criminal victimization (including sexual assault) for people with disabilities is much higher than for people without disabilities. People with disabilities are often victimized repeatedly by the same offender.[24] Caretakers, family members, or friends may be responsible for the sexual assault. In such cases, offenders may bring patients to the exam site, and jurisdictional and facility policies should be in place to provide guidance on how staff should screen for and handle situations that may be threatening to patients or facility personnel.
- Respect patients' wishes to have or not to have caretakers, family members, or friends present during the exam. Although these individuals may be accustomed to speaking on behalf of persons with disabilities, it is critical that they not influence the statements of patients during the exam process. If aid is required (e.g., from a language interpreter or mental health professional), those providing assistance should not be associated with patients.
- Follow exam facility and jurisdictional policy for assessing the ability of vulnerable adults to consent to the exam and evidence collection and involving protective services. Again, note that guardians could be offenders.
- Speak directly to patients with disabilities, even when interpreters, intermediaries, or guardians are present.
- Assess a patient's level of ability and need for assistance during the exam process. Explain exam procedures to patients and ask what help they require, if any (e.g., people with physical disabilities may need assistance to get on and off the exam table or to assume positions necessary for the exam or may need an alternative to the standard table).Do not assume they will need special aid. Ask for permission before proceeding to help them (or touch them, handle a mobility or communication device, or touch a service animal).[25]
- Note that not all individuals who are Deaf or hard-of-hearing understand sign language or can read lips. Not all blind persons can read Braille. Communication equipment that may be beneficial to patients with sensory disabilities include TTY machines, word boards, speech synthesizers, anatomically correct dolls, materials in alternative formats, and access to interpreter services. Responders should familiarize themselves with the basics of communicating with individuals using such devices.[26] Let the individual specify the preferred method of communication. Be aware that patients with sensory disabilities may prefer communicating through an intermediary who is familiar with their patterns of speech.
- Recognize that individuals may have some degree of cognitive disability: intellectual disability, traumatic brain injury, neurodegenerative conditions such as Alzheimer's disease, or stroke. Speak to patients in a clear and calm voice and ask very specific and concrete questions. Be exact when explaining what will happen during the exam process and why. Be aware that patients with cognitive disabilities may be easily distracted and have difficulty focusing. To reduce distractions, conduct the exam in an area that is void of bright lights and loud noises. It may also be helpful if examiners and others present in the exam room refrain from wearing uniforms with ornamental designs and jewelry.
- Keep in mind that patients with disabilities may be reluctant to report the crime or consent to

the exam for a variety of reasons, including fear of not being believed, fear of getting in trouble, and fear of losing their independence. For example, they may have to enter a long-term care facility if their caretakers assaulted them or may need extended hospitalization to treat and allow injuries to heal. The perpetrator may also be their caregiver and the only person they rely on for daily living assistance.

- Recognize that it may be the first time patients with disabilities have an internal exam. The procedure should be explained in detail in language they can understand (Conrad, 1998). They may have limited knowledge of reproductive health issues and not be able to describe what happened to them. They may not know how they feel about the incident or even identify that a crime was committed against them.
- Some patients with disabilities may want to talk about their perceptions of the role their disability might have played in making them vulnerable to an assault. Listen to their concerns and what the experience was like for them (Ledray, 2000, pp. 82-85). Assure them that it was not their fault they were sexually assaulted. If needed, encourage discussion in a counseling/advocacy setting on this issue as well as on what might help them feel safer in the future.
- Recognize that the exam may take longer to perform with patients with disabilities. Avoid rushing through the exam — such action not only may distress patients; it can lead to missed evidence and information.

Male Patients[27]

- Help male patients understand that male sexual assault is not uncommon and that the assault was not their fault. Many male patients focus on the sexual aspect of the assault and overlook other elements such as coercion, power differences, and emotional abuse. Broadening their understanding of sexual assault may help reduce any self-blame.
- Because some male patients may fear public disclosure of the assault and the stigma associated with male sexual victimization, emphasis may need to be placed on the scope of confidentiality of patient information during the exam process.
- Male patients may be less likely than females to seek and receive support from family members and friends, as well as from advocacy and counseling services. Their ability to seek support may vary according to the level of stigmatization they feel, the circumstances of the assault, the sensitivity of care they initially receive, and the appropriateness of referrals provided.
- Encourage advocacy programs and the mental health community to build their capacity to serve male sexual assault patients and increase their accessibility to this population. Requests by male patients to have an advocate of a particular gender should be respected and honored if possible.

Minor Patients

Consent:

The minor patient does not need to have the written consent of a parent/guardian or caregiver before proceeding with the examination (ORC 2907.29). It is recommended that any patient age 12 and younger or pre-menarche should be treated according to the Ohio Protocol for Sexual Assault Medical

Forensic Examinations: Child/Adolescent and in a pediatric facility. According to ORC 2907.29, ORC code/section-2907.29, the parents or guardian must be notified in writing after the exam. See page 31 for a *Sample Notification Letter* for facilities to send after examining a minor without parental consent.

In cases in which the reported perpetrator is not the parent or caregiver, it is recommended that the minor be encouraged to notify their parent or caregiver at the time of the facility visit, if appropriate. Best practice is for medical personnel to advise the minor patient of the requirement to send the treatment notification letter to a parent or caregiver and the approximate date when it will be mailed.

In cases in which the reported perpetrator is also the parent or caregiver who will receive the notification, the county Department of Job and Family Services (JFS), law enforcement agency involved, and the minor child should all be advised of the nature of the notification letter and the approximate date when it will be mailed. Coordination with the county's JFS and children service program must be done to ensure the safety of the minor.

In cases of child sexual abuse, safety issues need to be considered before notifying the parent/guardian or caregiver, especially if, in the opinion of medical personnel, such notification is likely to endanger or cause harm to the minor. When a minor is examined at the request of the county JFS, it shall be the responsibility and discretion of that department to notify the parents/guardians who are the reported perpetrators, while considering safety issues. Although the ORC and ODH adult sexual assault protocol state a minor's parent or caregiver must be notified after a sexual assault/abuse examination, staff should collaborate with local law enforcement and child protective services in cases in which the suspected abuser is a parent or caregiver.

The facility is obligated under Ohio law (ORC 2151.421) to report stated or suspected sexual abuse of a minor whether or not the patient or the patient's family chooses to speak with law enforcement. It is considered best practice that medical personnel must inform the minor patient they are legally mandated to report to law enforcement and/or JFS. NOTE: An adult may remain unnamed, but the sexual assault must be reported to law enforcement.

Personal health information concerning the sexual abuse and/or identity of the sexual assault patient shall not be given to the media or any other person(s) seeking information without the written consent of the patient or caregiver.

Distinct Usage of the Adult Protocol:

- This protocol can be used with a patient aged 13 and older and post-menarche. For the minor patient age 13 years and older without cognitive disabilities, the healthcare professional will determine if the assault occurred more than 96 hours prior to the exam. If the assault occurred more than 96 hours from the exam time, the pediatric protocol shall be used and the genital exam must be performed by an approved physician, physician assistant, advance practice nurse, or registered nurse who is an expert in child sexual abuse. (See the Ohio Protocol for Sexual Assault Medical Forensic Examinations: Child/Adolescent Criteria for Ohio SAFE Program – Competency Requirements for Physicians Conducting Child Sexual Abuse Evaluations)
- Parents or caregivers accompanying minor patients or patients under 21 years of age with cognitive disabilities have the right to decide whether to choose a pediatric or adult facility for exam or treatment.

Unwilling Minor:

- If an unwilling minor is brought to the medical facility by a parent/guardian or caregiver for a sexual assault medical forensic exam, the exam should not be conducted unless the minor agrees to participate – without necessity of restraints or sedation – and after discussion with the healthcare provider conducting the exam. If the parent/guardian or caregiver presents a court order for a forceful examination, consult your facility legal counsel.

Sample Notification Letter

For facilities to send after examining a minor without parental consent form.

Date

Patient/ Caregiver
Address
City, State, ZIP code

Minor Patient's Name
Date of Examination
Dear Parent/Guardian or Caregiver:

On the date indicated above, your child was treated in the emergency department of our facility. This examination is not your financial responsibility.

If you have any questions, please call (name of contact person), at (phone number of contact person).

Sincerely,

Signature
Typed Name
Title

c: Minor Patient

Guidelines For Child Abuse Reporting – Consensual Sexual Activity

A report of sexual abuse may be required when minors engage in consensual sexual activity. Under Ohio law, the need to report is based upon the ages of the participants, any history of force, misuse of authority, as well as other issues. Due to a high risk for abuse, a sensitive assessment for sexual abuse is indicated when evaluating young sexually active adolescents.

When evaluating children for possible sexual abuse, obtain a history of the sexual activity, the age of the child's partner(s), and any history of force or coercion and identify the relationship between the patient and partner(s) (i.e., authority figure, relative, etc.).

The section below is a guideline for reporting sexual abuse when patients describe consensual sexual activity.

Patients Age 12 or Younger

Children 12 years old and younger cannot legally consent to sexual activity in Ohio. All children under 13 who report consensual sexual activity must be screened for sexual abuse. Note: Any patient age 12 or younger should be treated according to the Ohio Protocol for Sexual Assault Medical Forensic Examinations: Child/Adolescent and in a pediatric facility.

File a report of sexual abuse if:

- The sexual partner is 13 years old or older.
- The sexual partner used force or coercion.
- The sexual partner misused their authority (i.e., babysitter, coach, etc.).
- There is a significant difference in maturity levels between the patient and their sexual partner (i.e., patient has an intellectual disability or there is a large difference in ages).
- There are protective issues (i.e., the child lives on the street or there is a significant lack of supervision, leaving the child at risk for abuse, injury, etc.).

Patients Ages 13, 14, and 15 Years

Note: Any patient age 12 and younger should be treated according to the Ohio Protocol for Sexual Assault Medical Forensic Examinations: Child/Adolescent in a pediatric facility.

File a report of sexual abuse if:

- The sexual partner is four or more years older than the patient.
- The sexual partner misused their authority (i.e., parent or authority figure).
- There was a significant difference in maturity levels between the patient and sexual partner (i.e., patient has an intellectual disability).
- There was mental or cognitive impairment (i.e., developmental delay, intoxication) rendering the person unable to consent.
- There are protective issues (i.e., the child lives on the street or there is a significant lack of supervision, leaving the child at risk for abuse, injury, etc.)

Consider reporting if:

- The sexual partner is over the age of 18 but fewer than four years older than the patient. In this situation, the police might charge the partner with the corruption of a minor.
- The decision NOT to report consensual sexual activity may be considered when:
    - There is fewer than four years age difference, a thorough history eliminates the above criteria, and the parent/guardian and child agree not to file a report.

The guidelines above may not prove applicable in all situations. Professional judgment must be used. In 13-, 14-, and 15-year-olds, abuse may be present even when the age difference between partners is only two or three years. The professional must carefully assess the situation before deciding against reporting and may want to seek consultation with the child abuse team or with the police jurisdiction.

Patients Ages 16 or Older

Sixteen is the age of consent in Ohio ORC. 2907.04. However, if the child is 16 and their partner is 18 or older, a parent can file charges with juvenile court prosecutors. The misdemeanor charge would be contributing to the unruliness or delinquency of a minor. In this situation, do not file an abuse report.

When interviewing an adolescent, be alert for issues of force, coercion, deception, identify the relationship of the sexual partner (relative, authority figure, etc.) and history of physical or mental impairment (such as intoxication or drugs). When these factors are present, a report of sexual abuse shall be made.

- National Child Alliance: www.nationalchildrensalliance.org
- National Coalition to Prevent Child Sexual Abuse and Exploitation
- U.S. Department of Health and Human Services, Administration for Children and Family

Elder Patients

- ORC 5101.63 (A)(1) states “Any individual listed in division (A)(2) of this section having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of job and family services. See ORC. 5101.60 and 2903.34 for adult protective services definitions.
- The emotional impact of the assault may not be felt by older patients until after the exam when they are alone in the days, weeks, and months following an attack. Elder patients may feel common trauma reactions such as being physically vulnerable, having reduced resiliency, and being at risk for mortality. Fear, anger, and depression can be especially severe in older patients who may be isolated, have little support, and live on a fixed or limited income (Ledray, 2000, p. 79).

- Be aware that caretakers and/or intimate partners may sexually assault older adults. Elder adults may be dependent on these individuals for housing, emotional, and/or financial support. Offenders may be the person bringing patients in for the exam and may attempt to manipulate medical providers to not confront them about the harm committed against the older individual. Jurisdictional and facility policies should be in place to provide guidance on how staff should screen for and handle situations that are threatening to patients or facility personnel.
- Healthcare personnel should follow facility policy for assessing a vulnerable adult's capacity and ability to consent to the exam and evidence collection, as well as involving adult protective services. Over or under use of prescribed medication, dehydration, and malnutrition in an older adult can alter their demeanor, making them appear as if they do not have decision making capacity. Before determining the older person's mental capacity, stabilize their medical needs. Do not rely solely on the individual(s) presenting with the patient for their medical history. They may be the primary offender and/or be responsible for the patient's health presentation.
- Older patients may be more physically fragile than younger patients and thus may be at risk for tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities.[28]
- Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial trauma reaction to the assault, may render some older patients unable to make their needs known, which could result in prolonged or inappropriate treatment (Ledray, 2000, p. 87).
- Do not mistake disabilities (such as hearing loss or aphasia) or acute stress reaction following assault for senility. Use of appropriate communication remedies, for example, a personal listening device, may enable an older adult with severe hearing loss to effectively communicate. Elder adults typically process information more slowly than younger adults and take longer to put their thoughts into words. This is a normal age-related change and should not be viewed as evidence of mental incapacity. Healthcare professionals treating elders should speak slowly and clearly to allow ample time to process the information and formulate responses. If questions about the patient's capacity arise, contact trained experts to conduct an assessment.
- If a medical forensic exam is requested by law enforcement, a guardian, or another authority, it is still important to obtain the patient's consent and cooperation for forensic evidence-collection procedures. However, when patients lack capacity and are unable to provide consent and cooperation, they should not be forcibly examined or subjected to forensic procedures that are not necessary for their own health and safety.
- Some elderly patients may want to talk about the role their age and physical condition might have played in making them vulnerable to an assault. Others may be traumatized by being harmed sexually by a family member or trusted caregiver. Listen to their concerns and what the experience was like for them (Ledray, 2000, p. 87). Assure them it was not their fault. If needed, encourage further discussion on this issue in a counseling/advocacy setting.
- Elderly patients may be reluctant to report the crime or seek treatment because they fear losing their independence. Some patients may need a significant amount of time to recover from injuries that are the result of the abuse or attack. When there's a change in a living environment, such as placement in a residential facility, those not adjudicated as lacking mental capacity and requiring guardians have the legal right to make their own decisions

regarding choice of residence. Healthcare providers must avoid colluding with relatives wanting to force older adults into unwanted lifestyle changes subsequent to the assault.

- Elder adults sexually assaulted in care facilities often experience intense feelings of vulnerability and may want to be relocated. Elders relying upon others for care are likely to need the assistance of relatives and involved professionals in being safely relocated. All mandatory reporters are required to file a report with the ombudsman at the Ohio Department of Aging. For a complaint about a health facility and nursing homes, please contact the Ohio Department of Health
    - Ohio Department of Aging Ombudsman: aging.ohio.gov/care-and-living/get-help/get-an-advocate
    - Ohio Department of Health, Complaints – Health Care Facilities and Nursing Home: odh.ohio.gov/know-our-programs/complaints-nursing-home-and-healthcare-facilities/complaints-hcf-nh
- Encourage use of follow-up medical, legal, and nonlegal assistance. Elder patients may be reluctant to seek these services or proceed with prosecution. If barriers to accessing services or ongoing healthcare exist, such as lack of transportation, work with local service providers to identify potential remedies.

Patients in the Military[29]

- "Healthcare providers will initiate the appropriate care and treatment and report the sexual assault to the military sexual assault response coordinator (SARC) **in lieu** of reporting the assault to law enforcement or the command. Upon notification of a reported sexual assault, the Sexual Assault Response Coordinator will immediately assign a patient advocate to the patient. The assigned patient advocate will provide accurate information on the process of restricted vice unrestricted reporting." www.ftmeade.army.mil/SHARP/reporting.html
- Exam sites that provide exams for military installations are encouraged to draft memoranda of understanding (MOU) to address such issues as confidentiality and release of evidence.

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI+) Patients

- Intake forms and other documents that ask about gender or sex should allow patients to write in a response or include transgender and intersex options. Make sure questions appropriately distinguish between sexual orientation (the gender(s) someone is attracted to), gender identity (the internal sense of being woman, man, or gender non-conforming), and their sex assigned at birth.
- Always refer to patients by their preferred name and pronoun, even when speaking to others. If unsure of what to call the person or what pronoun to use, introduce your own, and then ask.
- Treat the knowledge that the person is LGBTQI+ as protected medical information subject to all confidentiality and privacy rules. Be aware that companions of patients who are LGBTQI+ may not know their gender identity or sexual orientation.
    - www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf

Additional suggestions specific to patients who are transgender or gender non-conforming:

- It is critical to not show surprise, shock, dismay, or concern when you are either told or inadvertently discover that a person is transgender. Be especially careful about your body language – gasping, sighing, a sharp intake of breath, or widening eyes can all be very upsetting to someone who may worry that you are making a judgment or assessment of their body.
- Understand that people who are transgender have typically been subject to others' curiosity, prejudice, and violence. Keep in mind that patients who are transgender may be reluctant to report the crime or consent to the exam for fear of being exposed to inappropriate questions or abuse. If the patient does consent to an exam, be especially careful to explain what you want to do and why before each step and respect their right to decline any part of the exam.
    - Only view genitalia for the purpose of the examination
- Be aware that individuals who are transgender may have increased shame or dissociation from their body. Some use nonstandard labels for body parts, and others are unable to discuss sex-related body parts at all. Reflect the patient's language when possible and use alternative means of communication (such as anatomically correct dolls or paper and pen for the patient to write or draw) if necessary.
- Vaginas that have been exposed to testosterone or created surgically are more fragile than vaginas of female born individuals and may sustain more damage in an assault. There may be additional layers of psychological trauma for patients with a male identity or a constructed vagina when they have been vaginally assaulted.
- Female born individuals regardless of sexual orientation or gender identity can become pregnant even when using testosterone and/or they have not been menstruating.
- People who are transgender may engage in self-harm as a coping mechanism. However, cutting and genital mutilations are also frequently part of anti-transgender hate crimes. Be nonjudgmental and careful when documenting such injuries.
- Some patients who are transgender may want to talk about their perceptions of the role their gender identity might have played in making them vulnerable to an assault. Because of their value in possible prosecutions under hate crime laws, document any anti-transgender statements the patient says were made during the assault. Otherwise, listen to the patient's concerns and what the experience was like for them. Assure them that it was not their fault they were sexually assaulted. If needed, encourage discussion in a counseling/advocacy setting on this issue as well as on what might help them feel safer in the future.
- Ensure that all referrals given to a patient who is transgender have been trained on or have significant experience with the special needs of individuals who are transgender and have experienced sexual assault.
- Include opportunities for individuals who are LGBTQI+ to influence the development of sensitive responses for patients of sexual assault.
    - Consider leveraging the support of your organization's LGBTQI+ Employee Resource Group for situational support/advice if there is one available.
- Some patients who come to your facility might check to see how inclusive you are by reviewing the facility's healthcare equality index (HEI) status.

- www.hrc.org/hei

3. Informed Consent

The protocol requires you to seek both verbal and written consent of the patient prior to conducting the medical evaluation, medical treatment and evidence collection, and releasing information and forensic evidence to the law enforcement agency. Informed consent should be an ongoing educational process throughout the exam. Additionally, under Ohio law, (ORC 2907.29), all patients reporting a sexual assault must be informed of services available, such as sexually transmitted infections (STI), pregnancy, medical, and psychiatric services.

To begin the informed consent process, medical personnel should provide the "Information for Survivors and Their Families After a Sexual Assault handout from the ODH Sexual Assault Evidence Collection Kit (SAECK) to the patient. **See Appendix B, page 115**

Throughout the forensic exam, the procedures should be fully explained so the patient understands what is being done and why. The patient should be encouraged to ask questions and be informed of their right to withdraw consent at any point during the exam. If the patient expresses concern about the procedure, the medical examiner should immediately discontinue that portion of the exam. If the patient is under guardianship and the guardian wants the exam to proceed but the individual expresses resistance to the procedure, consult your facility's legal counsel.

Note: If the patient withdraws consent of any portion of the exam, this should be documented fully on the forensic collection envelope label and medical forensic chart.

Facilities should follow their usual procedures for obtaining consent for all necessary tests and treatment.

Any personal health information concerning the sexual abuse and/or identity of the sexual assault patient shall not be given to anyone seeking information without the written consent of the patient, legal guardian, or court order.

STEP 1

Ohio Department of Health Consent for Exam, Photographs, and Release of Evidence

Ohio Department of Health

*** Place Copy of Consent in Kit. Keep original with Medical Record***

PAYMENT/ADVOCACY (Initial both)

☐ I understand the antibiotics, pregnancy testing and the medical forensic exam are paid for by the Ohio Attorney General's SAFE Program. Any other medications, and medical treatment including but not limited to x-rays or blood work will be billed to me, my insurance or another named party for payment.

☐ I understand that I may have a support person or advocate of my choosing with me during parts or all the exam including the assault history and genital exam.

MEDICAL FORENSIC EXAM/PHOTO DOCUMENTATION

☐ I consent to the medical forensic exam and evidence collection. I understand that I can decline any portion of the exam or any portion of evidence collection process.

☐ I consent to photo documentation, which may include my genitals. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.

REPORTING

☐ I understand the facility is legally required to report sexual assaults to law enforcement. My name and contact information will be given to law enforcement. I understand that the facility is legally required to report all abuse or suspected abuse of patients 17 years of age or younger to the Department of Children Services. For patients 17 years or younger, the facility is required to send a letter to the parent or legal guardian notifying them of the exam. The sexual assault evidence collection kit and toxicology samples for drug-facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.

PATIENTS 18 YEARS OR OLDER (initial one)

☐ I agree to speak to law enforcement. I understand that my name and contact information will be provided.

☐ I DO NOT agree to speak with law enforcement at this time. I understand that law enforcement may attempt to contact me. I understand that I am not obligated to participate in the investigation of this crime, but that law enforcement may investigate it.

_____ _____ _____

Signature of patient or guardian Date Time

_____

Print name

_____

Relationship if other than patient

_____ _____ _____

Signature of Witness Date Time

_____

Print Name

Unnamed Sexual Assault Evidence Collection Kit (SAECK)

Patients who do not want evidence collection

If the patient declines consent for the evidence collection, even after being presented with the unnamed kit reporting option (patients must be 18 and older), they should be examined for injuries and other medical concerns such as possible pregnancy and exposure to HIV/AIDS and other sexually transmitted infections. This examination is the financial responsibility of the patient and they should be so informed. If the patient is uninsured and unable to pay for this treatment, a referral to an appropriate health facility or clinic should be made for follow-up care.

If, once all options have been explained, a patient 18 or older declines to report the sexual assault to law enforcement, or to participate in future possible prosecution, this decision should be respected. The individual will benefit from making the decision and regaining a sense of control. The patient should be informed that, should law enforcement and/or prosecutors learn of the crime, the decision of whether to investigate and/or prosecute the crime is within the discretion of the criminal justice system officials. The patient does not have the absolute right to stop an investigation or prosecution. If the investigation or prosecution commences and the patient refuses to cooperate, the patient could face legal consequences.

Unnamed kit consent (patients must be 18 and older)

Adult patients, 18 years of age and older without decisional incapacity, requesting that a sexual assault evidence collection kit (SAECK) be collected as a result of a sexual assault are not obligated to release any identifying information or make a report to law enforcement. Facilities will provide adult patients who report a sexual assault the opportunity to have an unnamed sexual assault evidence collection kit (SAECK) and an unnamed drug facilitated sexual assault kit (DFSA) collected.

STEP 1

Unnamed Sexual Assault Evidence Collection Kit Consent for Patients 18 Years of Age or Older

Ohio Department of Health Consent for Exam, Photographs, and Release of Evidence

Ohio Department of Health

*** Place Copy of Consent in Kit. Keep original with Medical Record***

PAYMENT/ADVOCACY (Initial both)

_____ I understand that I will not be charged for the antibiotics, pregnancy testing and medical forensic exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.

_____ I understand that I may have a support person or advocate of my choosing with me during all or part of the exam, including the assault history and genital exam.

MEDICAL FORENSIC EXAM/PHOTO DOCUMENTATION

_____ I consent to the medical forensic exam and evidence collection. I understand that I can decline any portion of the exam or any portion of evidence collection process.

_____ I consent to photo documentation, which may include my genitals. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.

REPORTING

_____ I understand the facility is legally required to report sexual assaults to law enforcement. The sexual assault evidence collection kit and toxicology samples for drug-facilitated sexual assault will be given to law enforcement and may or may not be tested in a crime lab.

_____ I request that my name and other identifying information NOT be released to law enforcement or placed on evidence items at this time. I request that a unique identification number be assigned to the evidence.

_____ I understand that my medical records may be subpoenaed by the court for investigative purposes. I may be contacted by the facility if this happens.

_____ I understand that unnamed patients are **not** eligible for Victims of Crime (VOC) compensation, which may cover medical expenses, counseling, lost wages, transportation and other incidental expenses not otherwise covered.

_____ _____ _____

Signature of patient Date Time

_____ _____ _____

Signature of Witness Date Time

_____

Witness Print Name

Provide a copy of this consent to the patient

Procedure: Patients requesting to have an unnamed SAECK or DFSA kit collected shall sign the unnamed consent form documenting that the request for anonymity was made.

Patients should be informed that law enforcement may or may not send this kit to the crime lab for testing. Patients should be informed that the facility will need to cooperate with law enforcement in contacting the patient if law enforcement believes there is a reasonable basis to pursue an investigation. They will inform the patient that it will cooperate within the parameters of all state and federal laws if a court order is received.

Patients should be advised that their medical record may be subpoenaed for use in the criminal investigation. Documentation of the patient's request for anonymity shall be placed in the medical record with the signed consent form for unnamed evidence collection. The medical record will continue to reflect the patient's name and medical record number. In lieu of using the patient's name and medical record number as the patient identifier on the SAECK/DFSA, it shall be replaced with the SAFE specific vendor identification number (VIN), year of service, and the total number of unnamed kits collected for that year.

Example:
Unnamed kit ID: #123420142 VIN 1234 Year 2020 Total unnamed kits collected in 2020 including this kit: 2

The unnamed kit ID number shall replace the patient's name and medical record number as the patient identifier on any documentation in the SAECK or the DFSA kit. This includes the Assault History forms, Body Maps, Chain of Custody form, and any evidence envelopes/bags and tubes/urine containers requiring the patient's name. The unnamed kit ID # shall be placed on the SAECK/DFSA kit box(es) where the request for the patient's name is located.

The unnamed kit number specific for the patient shall be included in the medical record for future reference. The unnamed kit number shall be provided to the patient. The patient shall be informed to save the unnamed kit number and provide the number to law enforcement if the decision to file a formal report is made at a later time.

Law enforcement will be contacted for an unnamed SAECK/DFSA pick up **AFTER** the patient has been discharged and has left the facility. **NO** information regarding patient's admission status, or discharge status shall be provided to law enforcement. Only the general date and location of the assault shall be provided to law enforcement. Law enforcement will be advised that evidence collected is not facility property but is the property of law enforcement. Chain of custody shall be maintained by the medical provider that collected the evidence, in a secured cabinet, or by facility security. When law enforcement receives the kit at the facility, the officer is required to sign receipt of custody, reflecting a transfer of custody.

4. Reporting to Law Enforcement

Patients who come to a facility for a sexual assault examination may choose to report to law enforcement. Reporting provides the criminal justice first responders with the opportunity to collect evidence from all crime scenes, investigate the case, identify a suspected offender, and prosecute if there is sufficient evidence. Patients need to know that even if they are not ready to report at the time of the exam, the best way to preserve evidence is to have the exam performed. Additionally, patients need to know law enforcement cannot mandate or request they take a polygraph, voice stress analyzer, or other "truth telling" test as a precursor to taking a report and conducting a thorough investigation ORC. 2907.10.

Regardless of the adult patient's decision to report, it is the responsibility of medical personnel to inform the patient that law enforcement must be notified that a sexual assault has been reported to the facility in accordance with the ORC. 2921.22, The law, ORC. 2921.22(A), does not require the adult patient's name be given, but states any person knowing that a felony has been or is being committed shall report it to law enforcement authorities. ORC. 2921.22(G1) does not require physicians or advanced practice registered nurses to report sexual assaults because these medical personnel and their patients have a legal privilege that prevents disclosure of confidential patient information. Other medical staff is still subject to reporting obligations.

Provisions Within the Ohio Revised Code

Dealing With Sexual Assault

The Ohio Revised Code is found at: codes.ohio.gov/
Search ORC. 2907, then click on the section you want to review, unless otherwise indicated.

Sex Offenses:

2907.01	Definitions.
2907.02	Rape.
2907.03	Sexual battery.
2907.04	Unlawful sexual conduct with minor.
2907.05	Gross sexual imposition.
2907.06	Sexual imposition.
2907.07	Importuning.
2907.08	Voyeurism.
2907.09	Public indecency.
2907.10	Preliminary polygraph test of sex offense victim.
2907.11	Suppression of names of victim and offender and details of the alleged offense.
2907.21	Compelling prostitution.

Medical Assistance to Victims of Sexual Assault:

2907.27	Testing and treatment for venereal diseases and HIV.
2907.28	Payment for medical examination and test of any victim or accused.
2907.29	Hospital emergency services for victims of sexual offenses.
2907.30	Interview of victim by crisis intervention trained officer.
2921.22	Failure to report a crime or knowledge of a death or burn injury. (Search ORC 2921.)
2151.421	Duty to report child abuse or neglect; investigation and follow up procedures. (Search ORC 2151.)

Requirements for Kit Post-Evidence Collection:

109.68	Kit tracking initiative. (Search ORC 109.68.)
109:7-1-07	Procedure for testing and tracking of sexual assault evidence kits. (Search ORC Rule 109:7-1-07)
2933.82(3)(b)	Mandatory testing within 30 days. (Search ORC 2933.)

5. Sexual Assault Forensic Examination Program, Billing and Victims Compensation Program

*Sexual Assault Forensic Examination (SAFE) Program

The goal of the SAFE Program is to bring uniformity to sexual assault evidence collection throughout Ohio. On average, SAFE reimburses more than $3.5 million to medical facilities offering forensic medical examinations to children and adults.

SAFE provides for a comprehensive medical assessment related to the sexual trauma and forensic evidence collection of a victim of sexual assault for the purpose of gathering evidence for a possible prosecution. The program makes forensic exams available to all victims of sexual assault, regardless of ability to pay or report to law enforcement.

SAFE pays for the cost of a forensic examination and the antibiotic prophylaxis to prevent sexually transmitted infections. The program reimburses medical facilities directly in the hopes of reducing the burden of dealing with billing issues for survivors of sexual assault. The SAFE Program does not reimburse healthcare providers directly. All services related to SAFE should be sought by the medical facility from the SAFE reimbursement.

If you have questions regarding the SAFE Program, you may call our office at 614-466-4797 or email at SAFE@OhioAttorneyGeneral.gov.

*Retrieved from the Ohio Attorney General's Office, Aug. 26, 2021. https://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Sexual-Assault-Forensic-Examination-(SAFE)-Program#:~:text=If%20you%20have%20questions%20regarding,at%20SAFE%40OhioAttorneyGeneral.gov.

The ORC. 2907.28 (A) states "Any cost incurred by a hospital or emergency medical facility in conducting a medical examination of a victim of an offense under any provision of sections 2907.02 to 2907.06 of the Revised Code for the purpose of gathering physical evidence for a possible prosecution, including the cost of any antibiotics administered as part of the examination and the cost of HIV post-exposure prophylaxis provided as part of the examination, shall be paid out of the reparations fund established pursuant to section 2743.191 [2743.19.1] of the Revised Code."

Physicians and other medical providers shall not seek reimbursement for services provided during a medical examination of a patient of sexual assault from the hospital or other facility where the medical forensic sexual assault evidence collection kit is completed. They must seek payment from the facility, not the SAFE Program or the patient or the patient's insurance. Refer to https://codes.ohio.gov/ohio-revised-code/section-2907.28.

The SAFE program will reimburse the facility for HIV PEP (post-exposure prophylaxis) when a medical forensic sexual assault evidence collection kit is completed. For more information about the reimbursement program, contact the office of the Attorney General at 800-582-2877 or 614-466-5610.

12 years old or younger

No suspicion of sexual contact or penetration,* ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc.).

Procedures billable to patient.

Suspicion of sexual contact but no penetration, ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc.) and**

Last incident less than 72 hours - Kit is billable to SAFE.
– or –
Last incident greater than 72 hours – Genital exam*** is billable to SAFE.

Suspicion of penetration, ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc.) and

Last incident less than 72 hours – Kit is billable to SAFE.
– or –
Last incident between 72 and 96 hours – Kit or genital exam*** is billable to SAFE.
–or –
Last incident greater than 96 hours – Genital exam*** is billable to SAFE.

16 or 17 years old

No suspicion of sexual contact or penetration, ejaculation, or the presence of bodily substances (ex. saliva, urine, blood, emesis, etc.).

Procedures billable to patient.

Suspicion of sexual contact or penetration, ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc.) and

Last incident less than 96 hours – Kit is billable to SAFE.
- or -
Multiple incidents greater than 96 hours – Genital exam*** is billable to SAFE.
- or -
Single incident greater than 96 hours – Procedures billable to patient.(See below for extenuating circumstances/rare exceptions to the 96 hour limit)

18 years old or older

Last incident less than 96 hours – Kit billable to SAFE.
Last incident(s) greater than 96 hours**** –Procedures billable to patient. (See below for extenuating circumstances/rare exceptions to the 96 hour limit)

Extenuating circumstances/rare exceptions for which kit can be collected after the 96 hours/unknown timeframe - in instances it is suspected the patient had recent contact with the suspect and:

Patient was held captive and without access to a shower, teeth brushing, change of clothes, etc.

Patient is mentally, verbally, or physically incapable of reporting.

- Patient has developmental delays and/or dementia and is unable to discern time.
- Patient is non-verbal and has physical incapacity keeping them bedridden and unable to shower/bathe, brush teeth or change clothing.
- Patient is of an age where they are unable to discern time and recently accessible to the suspect.
- Patient was actively using/given drugs, incapacitated and recently accessible to the suspect.

* "Penetration" means: vaginal intercourse, anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. (ORC 2907(A/B)).

** "Sexual contact" means: any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexual arousal or gratification, without privilege to do so. An exam is billable to the SAFE Program if the exam occurred for the purpose of gathering physical evidence for a possible prosecution. Physical evidence may include semen, saliva, blood, sweat, hairs, vaginal secretions, or other materials potentially transferred during a sexual contact. (ORC 2907(A/B)).

*** All genital exams must be performed by an approved physician, advanced practice nurse, or registered nurse who is an expert in pediatric sexual abuse/adolescent sexual abuse. (See Ohio American Academy of Pediatrics and International Association of Forensic Nurse Examiners.)

All exams must be conducted using the *Ohio Sexual Assault Protocol for Sexual Assault Medical Forensic Examination*.

- If a kit is conducted, it must be done so without omissions, according to the directions supplied in the kit. Once a kit is opened and it is determined components are missing, either replace the missing items or open a new kit and retrieve the necessary items. You may return incomplete kits to the distributing company for reimbursement. It is the responsibility of the medical provider to conduct all steps of the kit unless the patient declines a step. *Repeated instances of improper kit collection could result in future ineligibility for reimbursement*.
  - The Ohio Department of Health and the Ohio Attorney General's Office have approved the Ohio Department of Health designated kit. You can order kits from TriTech at orders@tritechusa.com or 800-438-7884.
  - Kits with missing components or problems should be reported to the Ohio Department of Health (614-466-3543 or https://odh.ohio.gov/help-center)

Billing

- Ohio Revised Code 2907.28 (B) states that "no costs incurred by a hospital or emergency facility" for the collection of forensic evidence in sexual assault cases "shall be billed or charged directly or indirectly to the victim or the victim's insurer."
  - If an adult/adolescent patient presenting in the emergency department as a victim of sexual assault is provided emergency contraception, those costs are billable to the patient/insurer. (STI prophylaxis as part of SAFE reimbursement and STI testing on adults is discouraged.)

- STI testing of minors (pediatric) is appropriate and is billable to the patient or their insurer. A hospital or other emergency medical facility is required to bill the online SAFE Program (SAFE Online Reimbursement) by submitting a Reimbursement Request Form and invoice for each SAFE claim. A reimbursement request form shall be submitted no later than six (6) months after the examination date. Failure to do so may result in a denial (Online SAFE Reimbursement Form).
  - SAFE claims are viewed and paid monthly.
  - A SAFE reimbursement is only paid one (1) time per assault/exam. If a patient has a kit collected at a hospital and is later seen at a child advocacy center (CAC), unless there is agreement between facilities, the hospital kit collection receives payment.
  - If a patient previously had a kit collected and is assaulted on another date, reimbursement can be submitted for the new evidence collection.
  - If the submission has an error(s), an email will be sent to the hospital coordinator with a request for correct information. If the requested information is not provided within six months of the treatment date, it will be denied for timeliness.
  - All invoices are emailed monthly to preapproved hospital coordinators.
  - Any claims sent via mail will be shredded upon receipt.

The SAFE Program will reimburse a hospital or medical facility according to Administrative Rule 109:7-1-02. That rule states: "A hospital, children's advocacy center, or other emergency medical facility shall accept a flat fee payment of six hundred thirty two dollars ($632) as payment in full for any cost incurred in conducting a medical examination and test of a victim of an offense under any provision of section 2907.02 to 2907.06 of the Revised Code for the purpose of gathering physical evidence for a possible prosecution of a person, including the cost of any antibiotics administered as part of the examination."

  - A reimbursement request form for the medical forensic examination shall be submitted online no later than six (6) months after the examination date. Failure to do so may result in a denial (Online SAFE Reimbursement Form).

Physicians* and other medical providers shall seek reimbursement for services provided as part of the SAFE Program (i.e., evidence collection, diagnosis, prescriptions, HIV assessment, etc.). from the hospital or other medical facility where the exam is conducted and shall not bill the SAFE Program, the patient, or their insurer.
*It is the responsibility of the medical facility to establish the process by which physicians will be reimbursed from the SAFE payment.

- Reimbursement for collection of evidence from a suspect is not covered under the SAFE Program. Payment should be sought through the appropriate law enforcement agency.

Example 1: Patient presents to emergency department for SAFE. Patient assessed for sexual trauma and no other injuries identified. Following is what is under SAFE and what is billable to patient.

— Included in SAFE Payment:

- ED level charge
- Physician and examiner services
- Supplies used for evidence collection (extra swabs, sterile water, lubricant, etc.)
- STI prophylaxis
- Pregnancy testing
- HIV assessment and prophylaxis
- Anti-emetic

— Billable to Patient, but Under SAFE Umbrella (not considered additional medical service, thus not able to charge ED level charge or physician services):

- Emergency contraception
- Pain medication

Example 2: Patient presents to emergency department for SAFE. Patient assessed for sexual trauma and possible injuries identified (e.g., concussion, laceration, broken bone, internal pain). Following is what is billable under SAFE and what is billable to patient.

— Included in SAFE Payment:

- Examiner services
- Supplies used for evidence collection (extra swabs, sterile water, lubricant, etc.)
- STI prophylaxis
- Pregnancy testing
- Anti-emetic

— Billable to Patient:

- ED level charge
- Physician charges
- Emergency contraception
- Pain medication
- All labs, patient admissions, blood draw, scans, X-rays, psych services, etc.

HIV Prophylaxis

Administrative Code 109:7-1-02(B) was amended to include reimbursement for **HIV prophylaxis as part of the SAFE process when** administered by the medical provider. The language is as follows: "A hospital, children's advocacy center, or other emergency medical facility shall accept payment of the actual amount billed, not to exceed twenty-five hundred dollars ($2,500), as payment in full for any cost incurred in administration of HIV post-exposure prophylaxis protocol."

- The primary purpose, per the Ohio Attorney General's Office interpretation of Administrative Code 109:7-1-02(B), is to ensure that *"all victims of sexual assault have access to the full regimen of HIV post-exposure prophylaxis."* The Centers for Disease Control and Prevention have found that providing the patient the full 28-day regimen "increase[s] the likelihood of adherence, especially when patients find returning for multiple follow-up visits difficult" (Guidelines, VII-E1, see also VI-E).
- In order to be eligible for full reimbursement under 109:7-1-02(B), you must provide a medically appropriate regimen to the patient prior to release from the medical facility. Failure to do so will result in a denial for reimbursement.
    - A hospital or other emergency medical facility shall bill the SAFE Program by submitting the HIV Reimbursement Form online with the itemized invoice at the time they submit for SAFE reimbursement. The form must be loaded along with the SAFE itemized statement (HIV Reimbursement Form).
    - Due to possible ongoing care provided after initial treatment, healthcare facilities may bill for HIV prophylaxis as services are rendered, up to six months post treatment and up to $2,500. Reimbursement covers HIV risk exposure assessment, pregnancy testing, rapid HIV testing, labs, physician services, 28-day prophylaxis, and anti-emetic medication.
        - If patient chooses not to have HIV prophylaxis at the time of SAFE and returns within the 72-hour post-exposure window, reimbursement covers the ED level charge, HIV risk exposure assessment, pregnancy testing, rapid HIV testing, labs, physician services, 28-day prophylaxis, and anti-emetic medication.
    - If the patient presents for follow-up services at the same medical facility after the initial treatment date and have not exceeded the $2,500 max allowable, the charges can be submitted to SAFE for reimbursement using the HIV Reimbursement Supplemental Form (HIV Supplemental Reimbursement Form).

If follow-up care is provided by the medical facility, future reimbursements may be submitted, using the HIV Supplemental form, up to **eight months** from the initial treatment date of service.

Medical charges incurred for the HIV assessment are not billable to the patient or their insurer. The OAG will reimburse up to $2,500 for the above noted services. If charges exceed the maximum reimbursement, the medical facility cannot bill the patient or their insurer for the balance.

Online HIV PROPHYLAXIS REIMBURSEMENT REQUEST FORM

Ohio Crime Victims Compensation Program

The patient should be informed they are responsible for the cost of other medical tests (not included in the sexual assault exam) or treatment needed as a result of the assault. If the patient is uninsured and unable to pay for this treatment, the facility should provide necessary care and treatment and make a referral to an appropriate healthcare facility or clinic, for follow-up care. Expenses not covered by insurance may be eligible for reimbursement from the Ohio Crime Victims Compensation program.

Information about the Ohio Crime Victims Compensation program should be given to the patient prior to leaving the facility. In order to qualify for this program, the patient must meet necessary criteria. Explain to the patient that a community or prosecutor-based advocate can assist with the application for compensation. The Ohio Crime Victims Compensation program may cover costs for any part of such treatment not covered by insurance.

SECTION B

OPERATIONAL ISSUES

This protocol is for healthcare providers to ensure comprehensive care of adult sexual assault patients across the state of Ohio. The findings in the exam and collected evidence provide information to help reconstruct the details about the events in question in an objective and scientific manner. A timely, effectively performed medical forensic examination can potentially validate and address the patients' concern regarding a sexual assault while minimizing the trauma. At the same time, it can increase the likelihood that evidence collected will aid in criminal case investigations, resulting in sex offenders being held accountable and ensuring effective justice for all Ohioans.

Priority medical forensic treatment and provision of care to the adult sexual assault patients should always be given regardless of when the sexual assault occurred. If it is within 96 hours (four full days) after an assault, evidence should always be collected on an adult. Research and evidence analysis indicate that some evidence may be available beyond 96 hours after the assault. Decisions about whether to collect evidence should be made on a case-by-case basis, guided by the knowledge that outside time limits vary due to factors such as the location of the evidence and type of sample collected. Cases in which evidence should be collected beyond 96 hours occur when an exam may corroborate chronic injury, excessive force, or significant trauma. The examiner must provide written justification for evidence collected beyond 96 hours in order to receive payment for the examination through the SAFE Program.

The following chapters are included:

1. Sexual Assault Nurse Examiners

It is critical that healthcare providers conducting the sexual assault medical forensic exam are committed to providing compassionate and quality healthcare, collecting evidence in a thorough and appropriate manner, and testifying in court, if needed. Their commitment should be grounded both in an understanding that sexual assault is a serious crime that can have a profound, negative effect on those victimized and in recognition of the role of advanced education and clinical experience in building competency to perform the exam.

A sexual assault nurse examiner (SANE) is defined as a registered nurse (RN) with specialized training that meets the International Association of Forensic Nursing educational guidelines for adult/adolescent patients and, if appropriate, pediatric patients. A SANE registered nurse provides comprehensive care to sexual assault patients, demonstrates competency in conducting a forensic exam to include evaluation for evidence collection, has the expertise to provide effective courtroom testimony, and shows compassion and sensitivity to patients of sexual assault (Nielson, M.H. et. al., 2015).

Specific Knowledge, Skills Set, and Attitudes

Sexual Assault Evidence Collection

Encourage the development of specific knowledge, skills, and attitudes.

ODH recognizes that the sexual assault medical forensic examinations are complex and time-consuming procedures and recommends that healthcare providers, ideally SANE registered nurses, performing the exam have specific knowledge and skills that can guide them through these exams.[30]

For example, it is beneficial for them to know about the following:

- The dynamics and impact of sexual victimization.
- Jurisdictional laws related to sexual offenses.
- Coordinated multidisciplinary response, roles of each responding agency, and procedures for communicating with each agency during immediate response.
- The importance of examiner neutrality and objectivity during the examination.
- The broad spectrum of potential evidence and physical findings in these cases.
- The importance of the medical forensic history and other documentation.
- Proper evidence collection and preservation procedures.
- Preexisting needs and circumstances of patients that may affect how the exam is conducted.
- Treatment options and procedures for common concerns such as pregnancy, STIs, and HIV infection.
- Equipment, supplies, and medication typically used during the exam.
- Precautions to prevent exposure to potentially infectious materials.[31]
- Indications for follow-up healthcare and documentation of injuries.
- Applicable laws and protocols regarding performance of medical forensic exams and standardized forms used to document findings.
- Patients' needs for support, crisis intervention, advocacy, information, and referrals during the exam process, local resources for addressing these needs, and procedures for

accessing resources.

- The importance of establishing peer review of cases to ensure the quality of the exam and related documentation.
- Examiner court testimony (what it involves and how examiners can prepare for it).
- Applicable research findings, technological advances, and promising practices.

It is required for examiners to be able to:

- Preserve their neutrality and objectivity in each case.
- Assess patients' clinical condition (physical and psychological assessment and provide appropriate treatment and medical referrals (e.g., to a surgeon).
- Adapt exam procedures to address patients' needs and circumstances as much as possible.
- Take measures during the exam process to reduce the likelihood of patients' retraumatization.
- Take precautions according to facility policy to prevent exposure to potentially infectious materials.
- Contact advocates upon initial contact with patients (where available) so they can offer patients support, crisis intervention, advocacy, information, and community referrals before, during, and after the exam.[32]
- Gather information sensitively from patients for a medical forensic history and use the history as a guide when performing an exam.
- Explain to patients what items need to be collected for evidence and for what purposes.
- If patients want to report, promptly involve law enforcement representatives and work with them to maximize the collection of evidence from patients and from crime scenes.
- Identify and describe pertinent genital and anorectal anatomical structures and external landmarks.
- Identify and document injuries and interpret physical findings.
- Use enhancement techniques for detection and documentation of findings.
- Collect and preserve evidence for analysis by the crime laboratory.
- Collect and preserve toxicology samples in suspected drug-facilitated sexual assault cases.
- Maintain and document the chain of custody for evidence.
- Maintain the integrity of the evidence to ensure that optimal lab results are obtained.
- Evaluate the possibility of HIV infection and provide prophylactics for STIs and HIV.
- Assess pregnancy risk and discuss treatment options with the patient, including reproductive health services.

- Collaborate with medical providers to ensure that patients' immediate medical needs and concerns are addressed, and appropriate medical referrals are provided prior to discharge.
- Complete standard forms for documenting the medical forensic results of the exam.
- Discuss evidentiary findings with investigators, prosecutors, and defense attorneys as requested (according to jurisdictional policy).
- Testify in court if needed.

2. Facilities

The Joint Commission requires emergency and ambulatory care facilities to have established policies for identifying and assessing possible patients of rape and other sexual molestation. It also requires staff to be trained on these policies. As part of the assessments process, the commission requires facilities to define their responsibilities related to collection and preservation of evidentiary materials. Sexual assault examiner programs are helping many healthcare facilities to carry out these requirements. Facilities should also familiarize themselves with the Federal Emergency Treatment and Active Labor Act (EMTALA), which requires facilities to provide a medical screening examination to anyone who comes into the emergency department to determine whether an emergency condition exists. Facilities should also be familiar with the ORC sections 2907.27 - 2907.30, 2921.22 and 2151.421 (codes.ohio.gov/).

Factors the site should address in local protocols:

- Safety and security for patient and staff.
- Physical and psychological comfort of patients.
- Capacity with adaptive technology and appropriate medical equipment (such as height and width of examining table for individuals with mobility disabilities) to ensure barrier free access for patients with disabilities.
- Availability of examiners with advanced education and clinical experience.
- Access to pharmacy for medications.
- Access to medical support services for care of injuries.
- Access to lab services.
- Access to equipment and supplies needed to complete the exam (e.g., sexual assault evidence collection kit, new replacement clothing, digital camera).
- Access to community, state, and national resources to address aftercare, including emotional and psychological needs.
- Ability to maintain confidentiality among staff members and the SART members who are directly involved with the evidence collection, investigation, and medical care of the patient. The facility should maintain a "no information" policy when dealing with members of the media.
- Ability to maintain "chain of custody" of evidence, which includes a locked storage area if police are not immediately available to pick up the evidence.

- Use of written community protocol outlining (i.e., SART) a coordinated multi-discipline response to the patient that includes law enforcement, rape crisis advocates, prosecution, and other community organizations.
- Use of a written agreement as part of the community protocol with the county prosecutor and local law enforcement agencies regarding the storage and disposition of sexual assault evidence collection kits that are labeled with the patient's name or with an unnamed identification code.
- Ability to implement quality improvement measures to identify, evaluate, resolve, and monitor actual and potential problems in the multi-disciplinary response to the patient, exam process, investigation, and prosecution outcomes.

Protocol Managers/Coordinators

Each facility must assign at least one professional as a designated SAFE billing coordinator (e.g., emergency department director, charge nurse, SANE registered nurse, patient account representative). This person must have training on the Ohio Protocol for Sexual Assault Medical Forensic Examinations to assume responsibility for:

- Acting as an official representative and facility liaison in communicating and working collaboratively with the Ohio Attorney General's Office, ODH and other local and state community organizations (e.g., local rape crisis or domestic violence shelter, Ohio Alliance to End Sexual Violence).
- Acting as an official representative and facility liaison with the Ohio Attorney General's Office for filling out and responding to questions regarding the SAFE reimbursement form.
- Acting as an official representative who is familiar with all submitted sexual assault cases.
- Monitoring facility services to improve the quality of patient care and to assure that the services used to conduct the Ohio Protocol for Sexual Assault Medical Forensic Examinations are provided in a safe and efficient manner.
- Maintaining quantitative and qualitative case review of staff conducting the sexual assault and medical examinations, including patient and local SART feedback.
- Assuring that staff conducting the sexual assault and medical examinations are trained on the protocol and are keeping within federal and state laws, rules, regulations, facility policies, and procedures.
- Ensuring law enforcement has received the sexual assault evidence collection kit.

OAG Office use only

Date received _____

Ohio Protocol Sexual Assault Medical Forensic Examination, 2022
Protocol Coordinator

In order to receive reimbursement from the Ohio Attorney General's Sexual Assault Forensic Exam (SAFE) program each facility must assign at least one licensed medical professional as a designated SAFE billing coordinator full-time employee (e.g., emergency department director, charge nurse, SANE registered nurse, patient account representative nurse). This person must have training on the Ohio Protocol for Sexual Assault Medical Forensic Examinations. Additionally, their role will be as follows:

- Act as an official representative and facility liaison in communicating and working collaboratively with the Ohio Attorney General's Office and the Ohio Department of Health. The representative(s) will be responsible for filling out and responding to questions regarding the SAFE reimbursement.
- Act as an official representative to address questions related to submitted sexual assault kits/exams.
- Monitor facility services to assure that the *Ohio Protocol for Sexual Assault Forensic and Medical Examinations, 2022* is followed and services are provided in a safe and efficient manner.
- Maintain quantitative and qualitative case review of staff conducting the sexual assault and medical examinations, which includes patient feedback.
- Assure that staff conducting the sexual assault and medical examinations are trained on the protocol (SANE training is not a requirement) and are keeping within federal and state laws, rules, regulations, policies, and procedures.
- Ensure law enforcement has received the sexual assault evidence collection kit.

Please print contact information below. If facility has more than one coordinator, fill out a separate sheet for each person.

Protocol Coordinator Name:_____

Our facility has more than one coordinator (a form must be filled out for each coordinator, but no more than three in total): ☐yes ☐no

Facility Name: _____

Address:_____

City/State/ZIP:_____

Email address:_____

Telephone number:_____

Best time to contact you: _____

Please FAX to Ohio Attorney General's Office: 866-789-6970

3. Equipment and Supplies

The healthcare examiner should have knowledge necessary to properly use all equipment and supplies required during the exam, including medication. Additionally, it is important that the examiner and the responders involved in sexual assault cases stay abreast of the latest research on the use of equipment and supplies.

The following equipment and supplies should be readily available for the exam:

- A copy of the Ohio Protocol for Sexual Assault Medical Forensic Examination: Adults and Adolescents.
- Standard exam room equipment and supplies for physical assessment and evidentiary pelvic exam. The needs for patients with disabilities must be taken into account to ensure barrier-free access to medical services. Related supplies might include tweezers, tape, nail clippers, scissors, collection paper, saline solution or sterile water, extra swabs, containers, paper bags, and pens.
- Comfort supplies for patients, even if minimal. Suggested items: New replacement clothing, toiletries, food, drink, and access to a phone in as private a location as possible. It is also important during the exam process to help the patient obtain items they request related to their spiritual healing (e.g., Bible, Quran, a religious or spiritual leader) before, during, or after the exam.
- Ohio Department of Health (ODH) sexual assault evidence collection kit or other kit that meets the standards of the ODH sexual assault protocol and the specification of the ODH kit. **(See Section C6, page 70.)**
- A method or device to dry evidence. Drying evidence is critical to preventing the growth of mold and bacteria that can destroy an evidentiary sample. The ODH kit's design also aids in the drying process to allow direct boxing of samples. (Note: Method can include air drying.)
- A camera and related supplies (using the most up-to-date technology possible) for forensic photography during the initial and follow-up examinations. Related supplies might include batteries and a scale or ruler for size reference. **(See Section C5, page 69**.)
- Testing and treatment supplies needed to evaluate and care for the patient. (Follow exam facility policies.) Also, supplies may be needed for forensic purposes that are not included in the evidence collection kit (e.g., supplies for toxicology).
    - An alternate light source (using the most up-to-date technology possible) can aid in examining patients' bodies, hair, and clothing. It is used to scan for evidence, such as dried or moist secretions, fluorescent fibers not visible in ambient light, and subtle injuries.
    - A locked storage area if police are unavailable to pick up the evidence immediately (e.g., file cabinet). **Do not store kit or clothing in the refrigerator.**
    - A locked refrigerator for storage of specimens for drug facilitated sexual assaults if police are unavailable to pick up the evidence immediately.
- A colposcope with photographic capability and/or other type of digital imaging technology can

be used for medical forensic photo documentation. Although injuries can be detected visually by examiners without a colposcope and/or digital imaging technology, it is an important asset in the identification and documentation of microscopic trauma.

4. Evidence Integrity

Maintaining the chain of custody (or chain of evidence) is as important as collecting the proper evidence. The custody of the evidence in the collection kit, as well as any clothing or other collected items, must be accounted for from the time it is initially collected until it is admitted into evidence at a trial. Complete documentation is also essential and must include the signature of everyone who has had possession of the evidence, from the healthcare professional who collected it to the individual who brings the evidence into the courtroom.

- If this proper chain of custody is not maintained, the evidence may be inadmissible in court.
- Maintaining the chain of custody is critical to prevent any possibility of evidence tampering and deter defense counsel from raising the issue of reasonable doubt on the basis of evidence integrity.
- Two signatures of the chain of custody document are necessary for any transfer – one from the person releasing the evidence and the second from the person receiving it.

It is very important to follow the directions provided in the sexual assault evidence collection kit and to maintain the chain of custody. Follow the Procedure for Evidence Collection **checklist and the Detailed Instructions for the ODH Sexual Assault Evidence Collection Kit (See Section C5.)** These instructions are also included in the evidence collection kit.

A. The healthcare professional must adhere to all facility policies, protocols, and/or guidelines regarding the collection of sexual assault evidence and maintaining chain of custody.

B. When sealing the kit, the healthcare professional collecting the evidence must complete and sign the chain of custody form included in the sexual assault evidence collection kit.

C. All evidence collected is the property of law enforcement. Once the evidence collection forms and kit have been completed, they should be handed over to law enforcement.

Agencies collecting evidence should specify procedures for handing over of evidence to law enforcement. This may include using FedEx or similar services and requiring a signature by the local law enforcement as receipt of delivery from the facility.

See Appendix A, page 106 for Sample Model Community SART Protocol.

D. If the police are unavailable to pick up the evidence, the healthcare professional must place it in a locked storage area, preferably with signed access. (**Do not refrigerate the sexual assault kit)** When the police arrive, the healthcare professional can sign for the stored evidence and personally hand it to law enforcement personnel.

E. All photographs should be taken by forensically trained medical staff. If a trained forensic staff member or forensic nurse is not available, photos should be taken by a law enforcement photographer.

SECTION C
THE EXAMINATION PROCESS

This section focuses on the various medical forensic components of the exam process, starting with the initial contact with patients to the court testimony by the healthcare provider on exam findings.

The following chapters are included:

1. Triage and Intake

Upon arrival to the facility, the sexual assault patient should be viewed as a priority patient and given immediate privacy in a designated area. This patient should be seen by facility personnel within 15 minutes of arrival or as soon thereafter as possible. Facility personnel should immediately implement the following protocol:

- Give priority for room assignment in a private area as well as a waiting area for family members, friends, and law enforcement interviews.
- Obtain enough information to complete the facility registration process quickly and in private, if possible.
- Respond to acute injury, trauma care, and safety needs of the patient before collecting evidence. Assess patient's need for immediate medical and mental health intervention.
- Assess and respond to safety concerns such as threats to patients and staff, upon the patient's arrival at the exam site.
- Acute medical needs take precedence over evidentiary needs. Patients should be educated to not wash, change clothes, urinate, defecate, smoke, drink, or eat until initially evaluated by examiners, unless necessary for treating acute medical injuries. If use of the bathroom is necessary, the patient should be informed that evidence may be present in the genital and anal areas and to take special care not to wash or wipe away those secretions until after the evidence has been collected.
- Collect specimens immediately if there is any indication of drug-facilitated sexual assault. (See Section C7, page 83, Drug Facilitated Sexual Assault Protocol.).Immediately call a facility advocate from the local rape crisis center to come to the facility and meet with the patient. If the facility area does not have access to a local rape crisis program, someone from the facility's social services shall be called to provide support.
- Follow facility policy outlining which staff should be notified immediately when a sexual assault patient presents in the emergency department. If there is no SANE program in place, the facility must designate a specialist with training in the sexual assault protocol to coordinate services to the patient. If there is a SANE program available in the community, the patient should be given the option of going to that facility. (Note: If patient chooses to go to SANE facility, a medical screening examination should occur ensuring that the patient has no emergent medical needs in order to ensure compliance with Emergency Medical Treatment and Labor Act regulations.. This initial exam is not billable to the SAFE Program.
- Ensure that emotional support is also offered to the patient's family and/or friends who are present.

Sexual Abuse/Facility Advocate/Support Person/Interpretative Services

In all instances the hospital or medical facility, responding healthcare provider, or SART coordinator shall immediately call a trained advocate from the local rape crisis center **(for best practice, see A1, page 9)** to meet with the patient. It is the responsibility of the facility to identify the appropriate local advocacy center. If the facility does not have local resources, then staff should call the facility's social work personnel to work with the patient. The patient may also designate a support person of their own choosing such as a friend, family member, someone from a place of worship, or someone from the patient's community in addition to having the advocate present.

The advocate/support person should be introduced to the patient. The support person will explain their role and the benefits of having additional support during the exam. The patient should be allowed to choose whether or not to speak with the support person. Having the support person present at the facility allows the patient more access to the resources and support offered by the local crisis center. Confidential patient record information should not be shared with the support person unless it is done so by the patient, thus avoiding any medical records confidentiality issues. Throughout the assessment and evidence collection process, the healthcare provider should follow the patient's lead in having the advocate/support person in the room during each process of the exam. There is no Ohio law that prohibits a patient from having a support person present during the medical forensic examination or during the law enforcement interview.

The facility must ensure communication access during medical, law enforcement, prosecutor, and advocacy services. If the patient needs interpretation services, the facility must provide a qualified interpreter who is not a family member of the patient at no cost to the patient, and the patient must be given prior notification. The healthcare professional should respectfully inform the patient that a request was made for interpretative services. It is important to directly inquire of any needs for adaptive technology for patients with sensory, cognitive, developmental, or mental disability to ensure barrier-free access to medical , law enforcement, prosecutor, and advocacy services at the facility in compliance with the Americans with Disabilities Act. The patient has a right at all times to determine who they would like present, including the interpreter, during all stages of the medical care and law enforcement interviewing process. The patient has the right to not use any sign language or foreign language interpreter and place a new request for an alternate interpreter due to genuine concerns in their translating ability or conflict of interest. Honor the patient's request by making necessary arrangements to contact the interpreting agency to secure another interpreter.

Note: Healthcare providers must assess for patient's immediate safety with the knowledge that the person(s) presenting with the patient may in fact be involved in the abuse, neglect, and/or victimization of the patient or may themselves be the perpetrator attempting to manipulate and/or control the victim or information disclosed, and limit opportunities for intervention such as community connection and support. The perpetrator could be accompanying the patient as a primary caregiver, family/friend, or personal care attendant who provides daily living care services to people with disabilities or adults in their elder years. Healthcare providers must be acutely aware of support persons at bedside who appear controlling, do not allow patients to speak for themselves, attempting to control/manipulate healthcare perceptions of the patient and/or assessment. Prior to starting the medical forensic exam, the healthcare provider must perform an initial safety assessment alone with the patient. It is best practice to reassess safety throughout the exam. Assessing the patient alone builds rapport, creates a safe moment to facilitate patient disclosure, and avoids reinforcing the patient's fear and isolation. It is important for healthcare providers to discreetly partner with the patient and advocate to mitigate threats of harm and safety concerns.

Rape crisis center/facility advocates are specially trained to provide patients with free, confidential, non-judgmental, emotional support, information, and resources so the patient can make informed decisions about their care and their reporting options following the exam. In accordance with the Ohio Alliance to End Sexual Violence (OAESV) **"Core Standards for Rape Crisis Programs in Ohio,"** all advocates must complete 40 hours of initial sexual assault training and have five additional hours of preparation via role-plays, observation of experienced advocates, and provision of medical advocacy while being supervised. The advocate must be familiar with the dynamics of sexual assault and relevant community resources, as well as how medical , law enforcement, prosecutor, and social services respond to patients of sexual assault. The advocate should receive training in the policies and procedures of the local facility and a tour of their emergency department. All medical advocates should be supervised and evaluated by a coordinator at the local rape crisis center. **(See A1, page 9)**

Patients Decline of Support Person:
If the patient chooses not to have a support person, the health personnel and law enforcement should repeat the offer to call a support person and/or interpreter periodically throughout the medical examination and law enforcement interviewing process.

2. Documentation by Healthcare Providers

Ensure completion of all appropriate documentation. Examiners are responsible for documenting in the medical record the details of the medical forensic exam and treatment, as well as documenting required data for the sexual assault evidence collection kit (SAECK). This SAECK report includes a patient consent form related to evidence, the history of the assault, injury documentation, and information pertaining to evidence collection that will assist the crime lab in material identification for analysis. If the case is reported, the criminal justice system will use the entire medical forensic record of the sexual assault visit, along with collected evidence, photographs, and victim/witness statements, as a basis for investigation and possible prosecution. If healthcare providers are required to testify in court, they may use the medical forensic record to recall the visit.

Healthcare professionals should document objective information pertaining to treatment needs of the patient, and not make judgments about "emotional state." In collecting patient demographic, any documentation on classification of disability, whether observed or self-reported, needs to be discussed and clarified with the patient in a respectful manner with appropriate usage of persons-first language. The patient has the right to choose to self-disclose and reinforce preferred self-identification in regard to their intellectual, emotional, mental, and physical status.

Healthcare professionals should quote the patient using only the exact statements given. Do not paraphrase or clean up language. Do not make judgments or statements about whether or not the rape or sexual assault occurred. Use terms such as "reported" or "stated" rather than "alleged," "probable," or "possible." This is necessary to maintain neutrality of documentation. Remember "rape" is a legal conclusion.

All written information must be legible and in ink. There should be documentation if a medical interpreter was used, including name of the interpreter and language used (e.g., American Sign Language, Spanish, Somali, Russian, etc.).

3. The Medical Forensic History

Patient Medical History

Obtain patient's medical history.

Facility triage forms that cover the following items may be used.
(This information should not be placed in the sexual assault kit with the forensic chart.)

1. Patient demographic and personal information.
2. Other individuals accompanying the patient.
3. Vital signs (as warranted).
4. Allergies.
5. Last tetanus.
6. Current medications.
7. Acute illnesses.
8. Past surgeries.
9. Last menstrual period.
10. Gravida.
11. Para.
12. Contraception used.
13. Approximate weight/height.
14. Family physician.
15. Gynecologist.
16. The names of medical healthcare providers performing the exam should be noted on the medical history form.

Special Considerations

Depending upon the type of sexual assault, semen may be present in the mouth, vaginal/penis, and/or anal area. However, embarrassment, trauma, or a lack of understanding of the nature of the assault may cause a patient to be vague or mistaken about the type of sexual contact that actually occurred. For these reasons, and because there also can be leakage of semen from the vagina or penis onto the anus, even without anal penetration, it is recommended that the patient be encouraged to allow examination of all three orifices and specimens collected from them. In cases where a patient insists that contact or penetration involved only one or two orifices (or in some circumstances, no orifices at all), a complete examination should still be requested of the patient. However, ultimately the patient may decline to have swabs collected.

This "right to decline" serves to reinforce a primary therapeutic principle – that of returning control to the patient who has been victimized. If the patient declines a step, this should be properly documented on the evidence collection envelope to ensure facility compliance with the protocol and eligibility for reimbursement.

Packaging tampons, menstrual pads, condoms, soiled diapers, clothing, and other wet items.

Packaging very wet items in the kit should be avoided for two reasons: First, kits are routinely stored at room temperature. During storage, any forensic value may be decreased by the action of microorganisms growing on the moist material. Second, moisture may seep through the packaging and soil other items in the kit.

There is no single packaging method ideal for all wet items. The following guidelines may be helpful in choosing the best method in each case:

Condoms and tampons
Condoms or tampons that are dry or very near-dry may be placed in a paper envelope in the kit. Those that are moist or contain visible liquid inside them may be placed in a small specimen cup.

One option is to make holes in the lid of the specimen cup and place it in the kit. If there is no room in the kit or if the item is very moist and not likely to dry quickly during storage, seal the cup and package it outside the kit, clearly marking the need for refrigeration or freezing.

Note: Tampons may appear dry but contain significant moisture inside.

Menstrual pads or underwear containing them that are essentially dry can be placed in the kit in the underwear bag. If the pad is moist, package it separately from the kit. If it is very wet, place it in a sealable plastic bag and clearly mark the need for refrigeration or freezing.

Note: If a pad is attached to the underwear, leave it in the underwear.

Diapers that are dry or nearly so may be packaged in paper, outside of the kit. Diapers that are soiled should be sealed in plastic, clearly marking the need for refrigeration or freezing.

The medical forensic history must be documented on the form provided in the sexual assault evidence collection kit. The original should be retained with the medical record. The copy goes to the forensic lab with the sexual assault evidence collection kit. An additional copy can be given to law enforcement.

4. Assessment of Intimate Partner Violence Screening

According to the Centers for Disease Control and Prevention (CDC), intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (Centers for Disease Control and Prevention, 2021)

The Centers for Disease Control and Prevention (2021) estimated 8.5 million women (7%) in the U.S. and more than 4 million men (4%) reported experiencing physical violence, rape (or being made to penetrate someone else), or stalking from an intimate partner in their lifetime and indicated that they first experienced these or other forms of violence by that partner before the age of 18.

IPV is a significant public health issue that has considerable societal costs. Approximately 41% of female IPV survivors and 14% of male IPV survivors experience some form of physical injury related to their

experience of relationship violence (Centers for Disease Control and Prevention, 2021). IPV can also extend beyond physical injury and result in death. National Violent Death Reporting System suggest that 16% (about 1 in 6) of murder victims are killed by an intimate partner, and that more than 40% of female homicide victims in the U.S. are killed by an intimate partner (Petrosky, E. et., al., 2017)

There are also many other negative health outcomes associated with IPV, including a range of cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system conditions, many of which are chronic in nature. Patients experience mental health problems such as depression and posttraumatic stress disorder (PTSD). They are at higher risk for engaging in health risk behaviors such as smoking, binge drinking, and HIV risk behaviors. Although the personal consequences of IPV are devastating, there are also considerable societal costs associated with medical services for IPV-related injuries, mental health services, lost productivity from paid work, childcare, household chores, and criminal justice and child welfare.

Screening:

1. Have you ever been emotionally or physically abused by your partner or someone important to you?

   ☐yes ☐no If yes by whom? _____

   Total number of times _____

2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?

   ☐yes ☐no If yes by whom?_____

   Total number of times _____

3. Since you've been pregnant, have you been hit, slapped, kicked, choked, or otherwise physically hurt by someone?

   ☐yes ☐no If yes by whom?_____

   Total number of times _____

4. Within the last year, has anyone forced you to have sexual activities?

   ☐yes ☐no If yes by whom?_____

   Total number of times _____

5. Are you afraid of your partner or anyone you listed above?

   ☐yes ☐no

For more information, visit Futures Without Violence:
https://www.futureswithoutviolence.org/userfiles/file/HealthCare/consensus.pdf#page=47

It is important that your questions about IPV not put the patient at increased risk for harm. Therefore, questions should be asked privately, away from a potential abuser (partner, family member, friend, primary caregiver, or personal care attendant) or anyone who may reveal your patient's answers to an abuser. You must make resources regarding domestic violence shelters available to the patient. If the patient desires to return home in spite of IPV, provide information regarding a safety plan before discharge. Be respectful of patient's decision to return to the abusive situation. The patient is the only person who can determine their safety.

Resources:

- National Domestic Violence Hotline: 800-799-SAFE (800-799-7233)
- National Network to End Domestic Violence: 202-543-5566
- Ohio Domestic Violence Network: 800-934-9840
- ACTION OHIO Coalition for Battered Women: 888-622-9315

Written Information:

- Ohio Domestic Violence Network:
  www.odvn.org/
- List of Ohio Domestic Violence Shelters:
  www.actionohio.org/dvshelter.htm
- Safety Plan:
  www.ncadv.org/protectyourself/Safety_Plan130.htm
- Teens Health: Abuse:
  www.teenshealth.org/teen

5. Photography

Photo Documentation

With continued consent, it is best practice that examiners should take diagnostic quality still images of detected injuries for the purpose of diagnosis and treatment of the patient. Documentation should be of sufficient quality to allow for expert review. A photo documentation log should be used to identify photos and be placed in the patient medical record. Quality copies of photos can be made available to the mandated law enforcement or social service agencies if the patient gives written consent or a subpoena is issued.

Explain medical photography procedures to the patient. The explanation should be developmentally and linguistically appropriate for the patient. Having photographic images taken in the aftermath of sexual abuse can be traumatizing, especially if photography was a component of the abuse. To help avoid traumatization and facilitate decision making, examiners should explain to patients:

- The purpose of the photography during medical forensic care, the extent to which photographs will be taken, and the procedures that will be used.
- How photographs will be securely stored at the healthcare facility and to whom they can be released.
- Potential uses of photographs during investigation and prosecution (especially anogenital images) and the possible need to obtain additional photographs following the examination.

Explaining the process and welcoming questions helps to reduce reluctance to photo-documentation during the examination. Examiners also should be comfortable discussing sexual abuse that included still- and video-imaging, if that issue arises during the medical forensic history or in the course of the examination.

Photo documentation should also be obtained of any trauma found on examination. The first photo should include an acceptable patient identifier, such as, a patient label or wristband. The second photo should be of the patient's full body, and the last photo taken is again the patient identifier.

Digital photos are the standard and files should be backed up on a secure device. An initial wide field photo is necessary to demonstrate the location of the injury on the body. Close-up photographs of lacerations, bruises, scratches, burns, etc., should be obtained with and without a measuring tool, such as ABFO No. 2, in the photographic frame. A measuring tool is not needed when documenting genital or anal trauma.

Personal cellular devices should not be used for photography documentation. Establish healthcare facility policies for storage, retention, and controlled release of photo documentation in these cases.

Photography Documentation Log

See anatomical drawings to correlate injuries with photographs

Ohio Department of Health

Injury #	Location	Description of Injury	Size	Dried Stain Collected

Label

6. Sexual Assault Evidence Collection Kit

Kit Box Top

Ohio Department of Health

REVISED September 2020

Sexual Assault Evidence Collection Kit
For all patients and suspects

SAKT sticker

Name or ID	Hospital and City where the exam took place	City/County where assault took place

☐ Yes-Evidence for drug facilitated sexual assault also collected (evidence is in the refrigerator/freezer).

Evidence Secured by:

Nurse/Physician—print name | Hospital/Facility and City

Nurse/Physician—signature | Date and Time

Evidence Released by:

Nurse/Physician—print name | Hospital/Facility and City

Nurse/Physician—signature | Date and Time

Evidence Released to:

Law Enforcement—print name | Badge# | Agency

Law Enforcement—signature | Date and Time

Sexual Assault Evidence Collection Kit (*Please indicate contents of clothing bags*)

Clothing Bag 1:	Clothing Bag 3:
Clothing Bag 2:	Clothing Bag 4:
Other:	

Ohio Attorney General's Office Bureau of Criminal Investigation

Ohio Alliance to End Sexual Violence

NCAC Ohio Network of Children's Advocacy Centers

American Academy of Pediatrics Ohio Chapter

Ohio Committee on Child Abuse and Neglect

American College of Emergency Physicians® Advancing Emergency Care Ohio Branch

FNN Forensic Nursing Network, Inc.

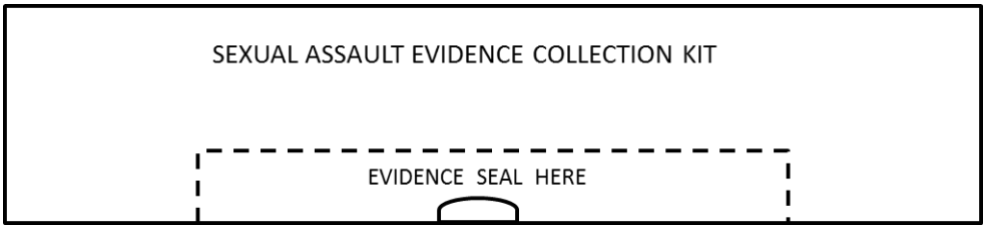
International Association of Forensic Nurses Ohio Chapter

Seal with Evidence Tape

— Refrigeration Not Required—

Reorder No. OH100

To order additional kits or to report missing items, contact SIRCHIE at 919-556-2244 or 800-356-7311



Assault Date:	Time:	Place Patient Label Here
Exam Date:	Time:	
Facility:	City:	

Assailant Information

Name(s)	Relationship to Patient	Age	Injured or bleeding?

Which of the following occurred? **Other—Please describe:**

Vaginal penetration by assailant's…	☐ Fingers	☐ Penis	☐ Object	☐ Unsure	
Anal penetration by assailant's…	☐ Fingers	☐ Penis	☐ Object	☐ Unsure	
Oral penetration by assailant's…	☐ Fingers	☐ Penis	☐ Object	☐ Unsure	
Assailant mouth on patient genitals	☐ Yes	☐ No	☐ Unsure		
Assailant ejaculation	☐ Yes	☐ No	☐ Unsure	Where? _____	
Lubrication including saliva	☐ Yes	☐ No	☐ Unsure	Where? _____	
Strangulation	☐ Yes	☐ No	☐ Unsure	List other body areas kissed, licked, bitten on narrative	

Since the assault, patient has:

Douche/enema	☐ Yes	☐ No	☐ Unsure	Changed Clothes	☐ Yes	☐ No	☐ Unsure
Bowel movement	☐ Yes	☐ No	☐ Unsure	Bathed/ Showered	☐ Yes	☐ No	☐ Unsure
Urinated	☐ Yes	☐ No	☐ Unsure	Had Food or Drink	☐ Yes	☐ No	☐ Unsure
Vomited	☐ Yes	☐ No	☐ Unsure	Brushed Teeth	☐ Yes	☐ No	☐ Unsure

At time of assault, was:

Patient menstruating?	☐ Yes	☐ No	☐ Unsure	
Tampon present?	☐ Yes	☐ No	☐ Unsure	Where is condom now? _____
Condom used?	☐ Yes	☐ No	☐ Unsure	Where is condom now? _____

At time of exam, was:			LMP Date	**Consensual sexual activity w/ in 96 hours?**
Patient menstruating?	☐ Yes	☐ No		☐ Yes ☐ Date: _____ Time:_____
Tampon present?	☐ Yes	☐ No		☐ No

Nurse or physician completing form—print name	Nurse or physician completing form—signature

Narrative History (in patient's own words—use quotes)

Please write legibly

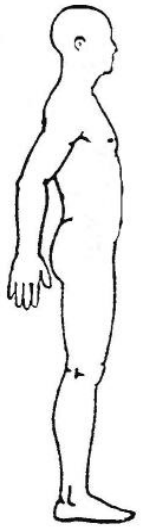
Note General Appearance (including condition of clothing)

Note Emotional Status

Record injuries on anatomical diagrams. Complete during the physical examination.

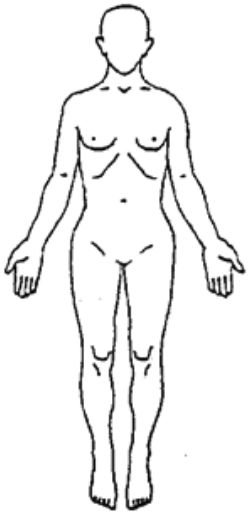
Check method used:

- ☐ Direct visualization
- ☐ Speculum exam
- ☐ Colposcope
- ☐ Foley catheter technique
- ☐ Toluidine blue dye
- ☐ Other _____
- ☐ Photograph
- ☐ Woods (or other) lamp

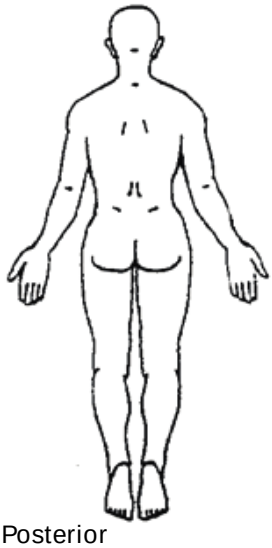


Right

Left

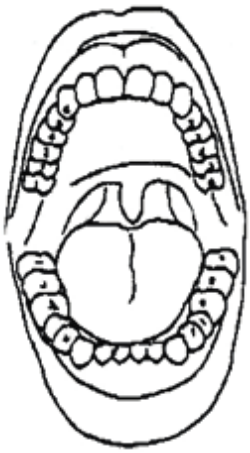


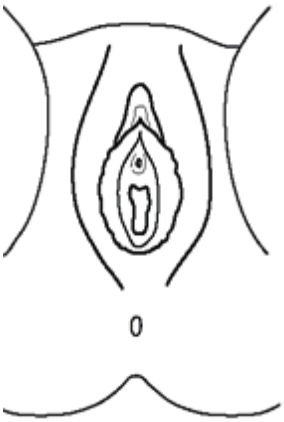
Anterior

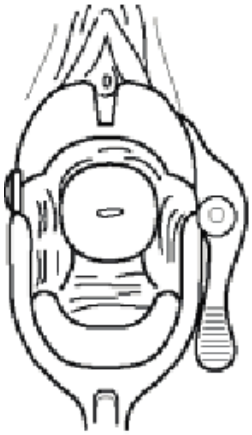


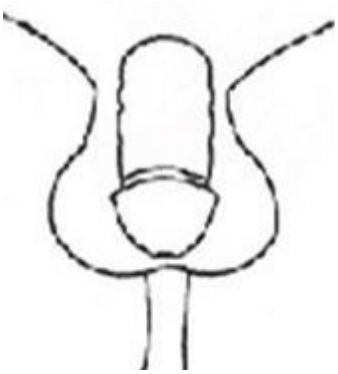
Posterior

Indicate the location, shape and type of injury: tears (lacerations), erythema, abrasions, redness, swelling.









Indicate the location, shape and type of injury: lacerations, erythema, abrasions, redness, swelling.

STEP 5	Oral Swabs	(Do Not Put STI Cultures in the Box.)

Collect four oral swabs regardless of type of assault.

1. Collect two swabs at a time, rubbing between the left cheek and lower gum and as far back on the tongue as possible without triggering the gag reflex.
2. Repeat on the right side with the other two swabs.
3. Place all four swabs in one swab box and close the box.
4. Write “oral” on the swab box and initial.
5. Place the swab box in envelope.
6. Close the self-sealing envelope, apply a patient label, and initial the envelope.

Collected by	Place Patient Label Here

STEP 6	DNA Reference Standard

1. Collect one oral swab, rubbing between the cheek and UPPER gum line.
2. Place the swab in the swab box and close the box.
3. Write “DNA ref” on the box and initial.
4. Place the swab box in envelope.
5. Close the self-sealing envelope, apply a patient label, and initial the envelope.

Collected by	Place Patient Label Here

STEP 7	Fingernail Swabbings/Cuttings

1. Swab under the patient's nails using 2 slightly moist swabs.
2. Place the swabs into the swab box and close the box.
3. Write "fingernail" on the swab box and initial.
4. If a fingernail is broken, using clean nail clippers, clip off the broken end and place it into the envelope.
5. Close the self-sealing envelope, apply a patient label, and initial the envelope.

Collected by	Place Patient Label Here

STEP 8	Collect underwear worn to the exam. (MUST be placed in the kit.)

1. Place the underwear WORN TO THE EXAM in this bag.
2. If the patient is not wearing underwear, collect the item worn next to the body such as tights, swimsuit, or pantyhose.
3. If pants or shorts are worn next to the body, note that on the underwear bag and place the empty bag in the kit. Collect the pants or shorts at Step 9.
4. If the patient declines pants or shorts collection, use a moist swab to collect material from the crotch area. Place this swab in a swab box and close. Write "pants crotch swabbing" on the box. Place the box in the **Dried Stains Envelope** from **Step 10.**
5. If a panty liner or pad is in place, leave it attached to the underwear.
6. Close the bag by folding over the top, apply a patient label, and initial the bag.
7. ***Place this bag in the Sexual Assault Evidence Collection Kit box.***

Collected by	Place Patient Label Here

STEP 9	Clothing Collection 1	(Small Bag)

1. Collect bra and outer clothing **<u>if these were worn at the time of the assault</u>**.
2. Place each clothing item in a separate bag.
3. Record the contents on the label below.
4. Seal the bags by folding over the top of the bag and applying a **security seal**.
5. Place a patient label on the bag and initial.

Collected by	Place Patient Label Here
Contents	

STEP 9	Clothing Collection 2	(Medium Bag)

1. Collect bra and outer clothing **<u>if these were worn at the time of the assault</u>**.
2. Place each clothing item in a separate bag.
3. Record the contents on the label below.
4. Seal this bag by folding over the top of the bag and applying a **security seal**.
5. Place a patient label on this bag and initial.

Collected by	Place Patient Label Here
Contents	

Contains 6 swab boxes and 12 swabs

STEP 9	Clothing Collection 3	(Large Bag)

1. Collect bra and outer clothing **if these were worn at the time of the assault**.
2. Place each clothing item in a separate bag.
3. Record the contents on the label below.
4. Seal this bag by folding over the top of the bag and applying a **security seal**.
5. Place a patient label on this bag and initial.

Collected by	Place Patient Label Here
Contents	

Contains 6 swab boxes and 12 swabs

STEP 10	Dried Stains

1. Use moist swabs to collect:
   a. Dried semen stains on patient's skin or hair. (Visualize with Wood's lamp.)
   b. Areas touched by assailant's hands including bruises, bite marks, and strangulation marks.
   c. Areas in contact with assailant's mouth or saliva, e.g., licked, bitten, kissed.
   d. External genital areas.
   e. Crotch areas of pants or shorts. (See **Step 8.**)
2. Use 2 swabs per stain, rotating the swabs and gently rubbing the skin area.
3. Place both swabs in one swab box and close the box.
4. Write the location on the swab box and initial.
5. Place all dried stain swab boxes in this envelope.
6. Close the self-sealing envelope, apply a patient label, and initial the envelope.

Collected by	Place Patient Label Here

Contains Comb

STEP 11 Pubic Hair Combings, collection of stray hairs from genitalia or anus

1. With patient standing, comb hair in pubic area directly into envelope, placing the comb into the envelope.
2. If pubic hair is not present, collect any stray hairs from the genital area and place in the envelope.
3. Close this self-sealing envelope, apply a patient label, and initial the envelope.
4. If the patient does not have pubic hairs, please note this on the envelope.

Collected by	Place Patient Label Here

STEP 12 Anal/Perianal Swabs and Smear (Do Not Put STI Cultures in the Box.)

Collect four anal or perianal swabs regardless of assault history. If there is no evidence or report of anal penetration, swab the perianal area rather than inserting the swabs into the sphincter.

1. Collect two swabs at a time.
2. Place all four swabs in the swab box and close the box.
3. Write “anal” or “perianal” on the swab box and initial.
4. Place the swab box in envelope.
5. Close the self-sealing envelope, apply a patient label, and initial the envelope.

Collected by	Place Patient Label Here

STEP 13 Vaginal/Penile Swabs and Smear (Do Not Put STI Cultures in the Box)

Collect four vaginal or penile swabs regardless of assault history.

1. Collect two swabs at a time, swabbing any pooled fluid and the cervical area.
2. Place all four swabs in the swab box. Close the box and place it in envelope.
3. Close the self-sealing envelope, apply a patient label, and initial the envelope.

- **For females:** Include the cervical area and pooled fluids in the swabbing area.
- **For pre-pubertal females:** Do not attempt speculum exam. Use all four swabs to swab the external genitalia and labia minora.
- **For males:** Slightly moisten the swabs with water or saline and swab the glans and shaft. **DO NOT INSERT SWABS INTO THE URETHRA.**
- **Tampons:** Air dry if possible and place in a separate envelope or specimen cup.

Collected by	Place Patient Label Here

STEP 15 Discuss STI and pregnancy prophylaxis and provide envelope

Contents

- Information for Survivors and Their Families After a Sexual Assault
- Victims of Crime Compensation information card
- www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Victims/Crime-Victims-Compensation-Education-Card.aspx
- Discharge paperwork.

STEP 16a	Pack Up the Evidence Kit	(Front of the page)

- ☐ Collection envelopes filled out.
- ☐ Copy of Assault History form completed and in kit.
- ☐ Copy of Assault History form completed and given to law enforcement.
- ☐ STEP 8 Underwear bag in kit.
- ☐ Top of kit lid filled out.
- ☐ DO NOT place DFSA samples in kit.
- ☐ Close kit and use two seals on long edges of kit as shown.
- ☐ Seal clothing collection bags using additional seals.
- ☐ Initial along one edge of each seal.
- ☐ Refrigerate or freeze DFSA samples for extended storage.
- ☐ Enter the sexual assault kit tracking number into the website https://sakt.ohioattorneygeneral.gov/
- ☐ Chain of custody templates are provided on the back of the page and on the kit lid.

STEP 16b	Chain of Custody Form	(back of the page)

Patient Name, Label, or ID

Items

- ☐ Sexual assault evidence collection kit
- ☐ Clothing bag _____
- ☐ Clothing bag _____
- ☐ Clothing bag _____
- ☐ Additional copy of medical forensic chart outside of kit given to law enforcement
- ☐ Drug facilitated sexual assault specimens
- ☐ Other _____

Items Released

_____
Print Name

_____ _____
Nurse/Physician (sign) Date/Time

Items Released

_____
Print Name

_____ _____
Nurse/Physician (sign) Date/Time

Items Released

_____
Print Name

_____ _____
Nurse/Physician (sign) Date/Time

7. Alcohol and Drug-Facilitated Sexual Assault

There has been an increase in the use of some drugs to render a person incapacitated and more susceptible to sexual assault. Some of these drugs are available over the counter. Ingestion of drugs can result in a loss of consciousness and an inability to resist. Some drugs cause memory loss and incapacitation. Many patients of drug-facilitated sexual assault (DFSA) may not remember the assault itself.

It is important during the history collection that the examiner assesses the possibility of a DFSA. Memory loss, dizziness, drowsiness, confusion, impaired motor skills, impaired judgment, or reduced inhibition during the history or reported at the time of the assault may indicate the unintentional ingestion of GHB or other drugs. Some symptoms may still be present when the patient is speaking with you.

The healthcare provider must recognize the possibility of DFSA and act quickly to provide necessary care to the patient and preserve evidence. Collection must be done within 96 hours of the ingestion of the suspected drug. If the medical facility does not have a DFSA kit on site, use two gray-top test tubes and a standard urine collection cup to obtain the samples. **Permission must be obtained from the patient.** The patient's urine is critical. Do not use the clean catch method of urine collection and collect as much urine as possible.

Securing urine for DFSA testing should only occur when there seems to be medical indications of drug use or a statement of drug use by the patient. When collected, specimens should be labeled, packaged, and sealed according to the DFSA protocol. **Do not place these items in the evidence collection kit**.

Circumstances in Which DFSA Testing May Be Indicated

If a patient presents at the facility with a complaint of sexual assault and displays the following indicators, it is strongly recommended that specimens be collected and sent to a lab to test for drug facilitated sexual assault.

- Dizziness.
- Drowsiness.
- Impaired judgment.
- Severe intoxication, feeling more intoxicated than usual after consuming alcohol, or feeling intoxicated after consuming a non-alcoholic drink.
- Confusion.
- Impaired motor skills.
- Slurred speech.
- Reduced inhibition.
- Memory loss, including “snapshots” or “cameo memories,” possibly after consuming an alcoholic beverage.
- Absent, inside-out, disheveled, or unfamiliar clothing.
- Temporary paralysis or lack of body control.
- Waking up feeling “strange” or fuzzy, or in a strange or different location without knowing how she/he got there.
- A “feeling” that someone had sex with her/him, but inability to recall the incident.
- The patient or accompanying person believes the patient was drugged.

To allow the patient to make an educated decision if testing prior to testing, the patient must be informed that any drugs in the patient’s system are likely to appear on the drug panel. This includes drugs unrelated to the sexual assault, such as prescribed medication and illegal drug use that may have occurred separate from the assault – even if used weeks or months previously. Additionally, the patient must be informed that if the patient has ***voluntarily*** used illegal drugs that would constitute felonious criminal activity, they may be ineligible for Crime Victims Compensation. After receiving this information, the patient has the right to decline providing a specimen.

Prior to testing, the patient should be instructed that a negative result does not mean they were not drugged. Due to a number of reasons, including the speed with which drugs leaves the body and ideal time frames for testing, the drugs can be very difficult to detect. In many instances, there is a high probability that the test will come back negative even if a drug was used.

Sample Authorization and Release of Drug Facilitated Sexual Screening

I,_____consent to the taking of specimens for the purpose of identifying the presence of drugs as part of this sexual assault exam. I understand that my specimens will be turned over to a law enforcement officer and that information regarding the results of the screening may be released to the defense, prosecution, and other law enforcement officials. I understand that the results of this screening may be admissible as evidence in court.

_____ _____
Signature (Parent/Guardian if applicable) Witness

_____ _____
Date/Time Facility Address

_____ _____
Date of Birth (mm/dd/yyy) Medical Record #

Chain of Custody

Name of the person securing the kit _____

Signature of person securing the kit:_____Date_____Time _____

I certify that I have received one sealed Drug Facilitated Sexual Assault evidence specimen.

Name of the person receiving the kit _____

Signature of person receiving the kit:_____Date_____Time _____

ID#/Shield#/Star#/Title:_____Precinct/Command/District _____

Person receiving the kit is representative of _____

Name of person releasing kit: _____
Printed Name Signature

Distribute: Original to medical record, copy to law enforcement

DO NOT PLACE THIS FORM INTO THE SEALED KIT

Preparation for Collection of Urine Sample

1. Urine specimens for drug facilitated sexual assaults will be collected during the medical forensic examination whenever the patient history warrants (see indicators on page 87) and consent is given.

2. **An accredited forensic laboratory with the capability to appropriately test urine specimens for a broad spectrum of DFSA substances must be used for processing. Facility and crime labs lacking established drug facilitated sexual assault panels and protocols are not appropriate vendors.**

3. The SANE registered nurse or medical provider will collect the specimen and complete the laboratory documentation according to the toxicology lab specifications.

4. Local protocols established between the medical facility and law enforcement will address the following:
   - Medical providers will notify law enforcement that a sexual assault forensic exam was conducted (adult patient may choose to remain unnamed) and a DFSA specimen was collected.
   - Whether the medical facility or law enforcement is responsible for overseeing the storage and processing as well as the disposal of DFSA urine specimens.

     If medical facility stores the specimen:
     - Medical providers will store the urine specimen (see "Specimen Retention" on page 87) until law enforcement collects it. **It must then be shipped to a designated toxicology lab.** Chain of custody must be followed.
     - Medical providers will provide the disposition of the specimen after testing.
     - The protocol will designate who receives a copy of the report and who the information is shared with (e.g., prosecutor).
     - The medical provider will document in the medical record that a urine specimen was collected, which officer approved the testing, and the test results.
     - The protocol will establish a billing procedure with the jurisdictional law enforcement agency for payment to the toxicology lab.

Collecting the Sample

Urine (U.S. Department of Justice (2008).

1. If patient may have ingested a drug used for facilitating sexual assault within 96 hours prior to the exam, a urine specimen of at least 30 milliliters, but preferably 100 milliliters (about 3 oz.), should be collected in a clean plastic or glass container. (Follow toxicology lab guidelines.)
2. The urine specimen should be collected as a "voided" sample. The first "voided" specimen, status post-ingestion, is ideal. Do **NOT** have the patient collect the urine specimen as a "clean catch." The use of an antiseptic towelette may destroy trace evidence.
3. If patient urinates before evidence specimen is collected, document the number of stated times patient urinated prior to collection.

Blood, if less than 24 hours (U.S. Department of Justice (2008).

1. Collect a 30 milliliter blood sample using gray-top tubes.
2. Store in a refrigerated compartment not frozen. (See Specimen Retention below.)

Emesis

1. If the patient vomits and drug-facilitated sexual assault is suspected, collect the specimen and preserve according to jurisdictional policy. (U.S. Department of Justice (2008). A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents). Washington D.C.; Office on Violence Against Women.)
2. Toxicology lab guidelines should be followed for storage of emesis.

Specimen Retention

1. All urine specimens will be refrigerated in a locked container throughout the storage period.
2. Refrigeration — specimen will be refrigerated at 2-8 degrees Celsius in an appropriately temperature monitored unit. Blood is not to be frozen.
3. DFSA urine specimen may be stored for at least 60 days.
4. If a specimen other than blood is stored longer than 60 days, it must be frozen.
5. Unfrozen urine specimens must be discarded after 60 days.
6. Authorization by law enforcement for disposal of DFSA urine specimen will be documented within the medical record.

Processing (Based on Facility Storing Specimens)

1. Once authorization for processing is received from law enforcement, the urine specimen will be packaged for shipping according to laboratory specifications.

2. The following is a non-exhaustive list of laboratories that perform Drug Facilitated Sexual Assault testing:

Montgomery County Regional Crime Laboratory
361 W. Third Street
Dayton OH 45402
937-225-4990

Hamilton County Coroner's Office
4477 Carver Woods Drive
Blue Ash OH 45242
513-946-8730

NMS Laboratories
200 Welsh Road
Horsham PA 19044
866-522-2216
forensic@nmslabs.com

3. The specimen can be shipped by Federal Express or an agency that tracks all that come in contact with the evidence in order to maintain chain of custody.
    - Consideration of the days of week to ship specimen to laboratory will be taken to minimize the possibility of delivery during times the laboratory is unable to accept shipments (i.e., ship Monday through Thursday to avoid Sunday deliveries).
4. Proof of shipping will be attached to the (facility name) medical record.
5. Test results will not be attached to the patient's medical record. Results will be sent to law enforcement

Release to Law Enforcement

1. The release/receipt of the urine specimen from (facility name) to law enforcement will be documented within the (facility name) medical record DFSA urine chain of custody.
2. Law enforcement immediately assumes responsibility for the refrigeration of the urine specimen.

Disposal

1. Urine specimens that are not authorized for processing or released to law enforcement within the 60-day storage period may be discarded.
2. The designated facility will oversee the disposal of all such specimens that are in its custody after 60 days.
3. Disposal of specimen will be documented within the medical record.

Evidence Preservation and Chain of Custody

1. Be aware of the toxicology lab requirements on collection, packaging, labeling, storage, handling, transportation, and delivery of specimens.
2. **As with any forensic evidence, the chain of custody must be maintained.**

8. Sexually Transmitted Infections (STI) Evaluation and Care

Contracting sexually transmitted infections (STIs), also referenced as sexually transmitted diseases, from an assailant is a typical concern of sexual assault patients. Healthcare providers must offer and encourage prophylactic treatment at the time of the exam. This reduces the need for more expensive/extensive treatment if the STI is discovered at a later time.

- N Gonorrhea (NG)
  - Symptoms: Vaginal N gonorrhea can be symptomatic (vaginal discharge) or asymptomatic.

- C Trachomatis (CT) (Chlamydia)
  - Symptoms: Vaginal or anal infection is frequently asymptomatic and can persist for months or years.
- Trichomonas – T vaginalis (TV)
  - Symptoms: Women with this vaginal or urethral infection can be symptomatic or asymptomatic.
- Syphilis
  - Symptoms: Asymptomatic at primary inoculation on vulva, labia, penile, scrotal, anal, rectal, oral, or extra-genital sites.
- Herpes simplex virus (HSV)
  - Symptoms: Dysuria, genital or perianal vesicles/ulcers. Primary infection may be accompanied by malaise and fatigue.
  - No prophylactic medication is available.
- Human papillomavirus (HPV)
  - Symptoms: Condyloma in oral and/or anogenital areas.

When using the adult protocol, testing for STIs is **not** recommended when providing prophylaxis (SAFEta.org, 2021). The decision to conduct STI testing should be made on an individual basis (CDC, 2021). Medical personnel must offer all patients information about the risks of STIs, including gonorrhea, chlamydia, trichomonas, syphilis, HIV, and hepatitis, with consideration on presenting information in a visual manner for full comprehension. The information should include what to do if symptoms occur after the exam, and referrals to free and low-cost testing, counseling, and treatment within their community.

When the patient is offered prophylactic treatment by the healthcare provider, the patient should be aware of the benefits and consequences of taking prophylaxis against STIs and be able to make their own decisions about treatment. Prophylactic treatment should be based on current guidelines from the Centers for Disease Control and Prevention (CDC) available online at www.cdc.gov/std/treatment-guidelines/default.htm or by calling 888-232-3228.

If the patient declines prophylactic treatment at the time of the initial exam, document the patient's decisions and rationales in the medical record.

Although the patient may be reluctant to go for follow-up exams for STIs, such exams are essential. They provide an opportunity to detect new infections acquired during or after the assault, complete hepatitis B immunization series if indicated, and complete counseling and treatment for other STIs. The CDC recommends a follow-up appointment within one to two weeks of the assault. In some communities the support personnel may be available to accompany patients to these follow-up appointments.

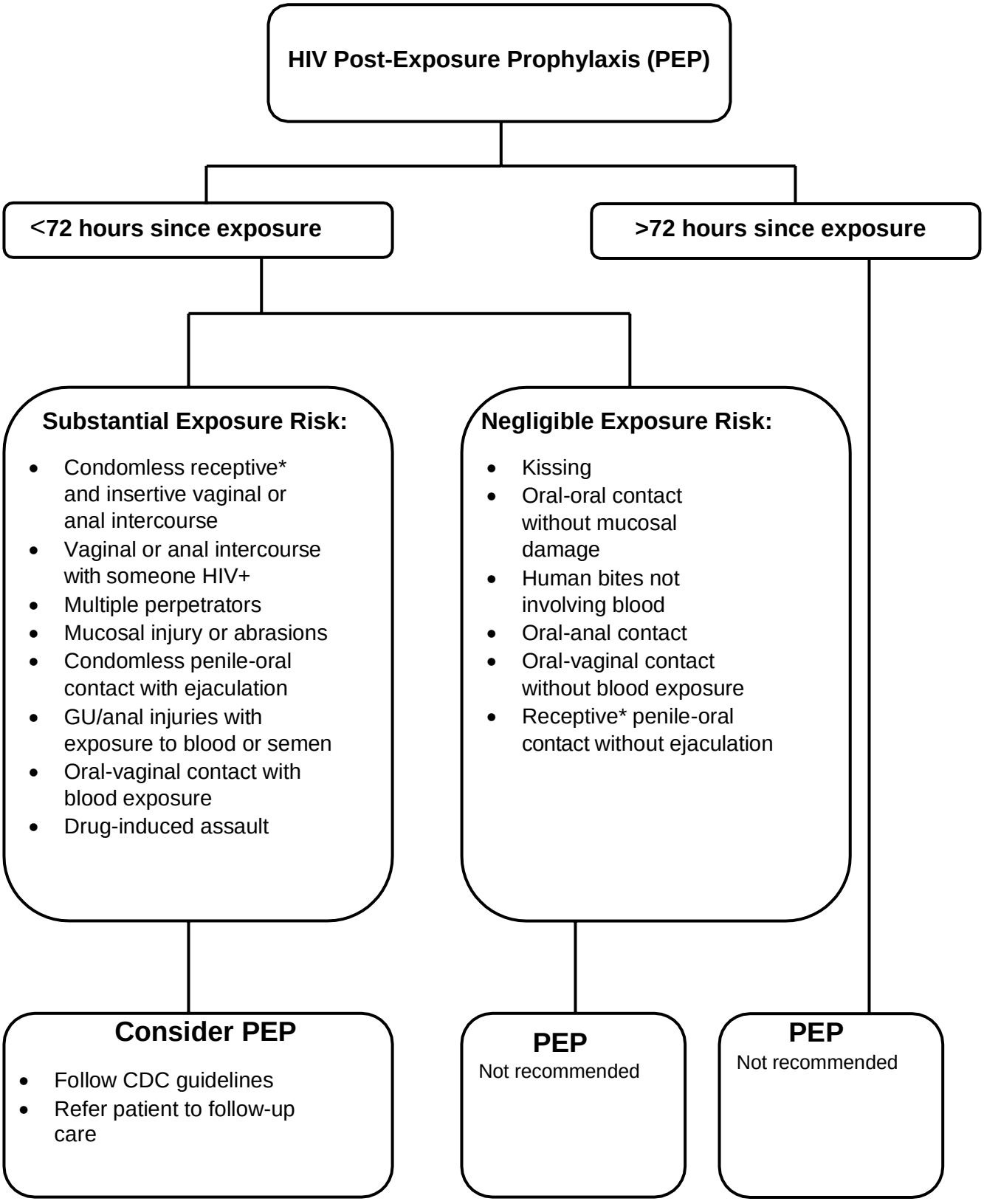
Hepatitis B Virus (HBV) and Post-Exposure Prophylaxis

See CDC recommendations related to HBV diagnosis, treatment, prevention, postexposure immunization, prevaccination antibody screening, postexposure prophylaxis, and special considerations, available online at www.cdc.gov/std or by calling 1-888-232-4636.

Medical personnel must stress to patients receiving the HBV vaccine the importance of follow-up for additional treatment for full protection. Support personnel should be educated about the possibility of patients receiving prophylaxis HBV and encourage those who start the vaccine regimen to follow up for required additional doses.

Risk for Acquiring HIV Infection

Medical personnel must discuss with the patient their concerns regarding the possibility of contracting HIV. As with other STIs, patients should be offered information about HIV risks, symptoms, and the need for immediate examination if the symptoms arise. HIV/AIDS testing must be discussed, including the difference between anonymous and confidential testing. Local referrals for testing and counseling should be provided. The statewide AIDS/HIV/STD hotline can provide a listing of local HIV/AIDS test sites and is available at 1-800-332-2437.



** Use of "receptive" is clinical language meant to clarify contact without regard to gender or sexuality and is not meant to imply consent.*

HIV Post-Exposure Prophylaxis

The use of HIV post-exposure prophylaxis (PEP) after acute sexual assault is based on the efficacy demonstrated in occupational and perinatal HIV exposures. To provide effective prophylaxis, patients need to be promptly evaluated and assessed for the risk of HIV transmission. PEP is more effective the closer to exposure it is given and is not recommended more than 72 hours after a potential exposure. Therefore, PEP is typically recommended only for acute cases presenting within 72 hours post-assault and when the patient is assumed to be HIV negative.

Risk Factors that may increase the rate of transmission include: abrasions, contact with or presence of blood or semen, drug-inducement, multiple perpetrators, unknown perpetrator(s), perpetrators known to be HIV positive, multiple episodes of penetration, no barrier contraception, or mucosal injuries. A flow chart on page 91 gives recommendations for which patients should initiate PEP.

Adherence and Follow-Up Care: Incomplete PEP treatment presents a theoretical risk to the patient. Prescribers of PEP should support the patient's ability to adhere to the medication regimen and provide successful and clear referrals to follow-up care.

Referrals to follow-up care should be made within 2-3 days of initiation and may include an existing primary care physician, federally qualified health centers, or HIV service organizations or HIV specialty clinics. Follow-up care is important; a clear, direct referral is best. The Ohio HIV/STI Hotline (800-332- 2437 or OHIV.org) maintains a list of HIV and LGBTQ-experienced providers.

Prescribing: PEP consists of two or three antiretroviral medications given for 28 days. Follow CDC guidelines for the most up-to-date medication recommendations. Common side effects of antiretroviral medications include nausea, vomiting, and headache. They may range from minor to severe.

The provision of a full 28-day course is recommended over three- or five-day starter packs. In a study cited by the CDC, patients were more likely to complete a full course of PEP when provided with a 28-day supply (71%) than those who received a starter pack and referral (29%). If a prescription must be filled externally, a call should be made to ensure it is in stock and available immediately.

If HIV PEP is prescribed, the patient should receive baseline HIV testing, pregnancy testing, hepatitis B and C serology, CBC, liver profile, and renal profile. Patients should have follow-up testing post-exposure, which should include HIV antibody testing, 3-site STI screening, and hepatitis B and C serology.

Financing: PEP is expensive, but the Attorney General's SAFE Program offers reimbursement to providers for its provisions. To save costs, referrals to follow-up care should include an existing primary care physician, federally qualified health centers, HIV service organizations, or specialty clinics.

Additional information on this topic may be found on the Centers for Disease Control website at: https://www.cdc.gov/hiv/risk/pep/index.html or by calling the National Clinician Consultation Center **PEP Clinician Hotline** at 888-448-4911 (available 9 a.m.-8 p.m. ET Monday through Friday and 11 a.m.-8 p.m. ET weekends and holidays) http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/.

If patient requires, PEP payment assistance programs can be found at fairpricingcoalition.org.

Ohio HIV/STI Hotline

- 800-332-2437 (voice)
- 800-332-3889 (TTY for the deaf and hearing impaired)
- ohiohotline@equitashealth.com
- www.ohiv.org

About the Ohio HIV/STI Hotline

The statewide hotline provides callers and chat users with information about HIV, STIs, sexual health, and testing/health resources — privately and anonymously. Each caller receives individualized attention, and the hotline provides immediate, reliable responses to persons of all ages, nationalities, ethnic groups, and economic statuses. The hotline is the largest provider of HIV/AIDS referral information in Ohio. This includes referrals to areas such as counseling and testing sites (CTSs), local health departments and community-based organizations, mental health facilities, medical, legal, and dental practitioners, etc. All calls to the hotline are free and anonymous. Hotline staff are trained volunteers and disease prevention staff; they are not patient advocates and may not be fully trained to support those impacted by sexual violence.

Services – Hotline callers can get accurate and consistent answers to questions about:

- Their risk of HIV and/or other sexually transmitted infections.
- HIV testing and screening for sexually transmitted infections.
- Pre- and post- exposure prophylaxis (PrEP and PEP) for HIV prevention.
- Safer sex information.
- Symptoms of HIV or STI infection.
- Current statistics.
- Workplace issues.
- Caring for someone living with HIV/AIDS.
- Myths, misconceptions, and general HIV/AIDS and STI-related concerns.

Referrals – Hotline callers can receive referrals to:

- HIV test sites and sexual health clinics in their counties.
- Local service organizations that assist persons living with HIV/AIDS.
- Social service agencies and community-based organizations.
- Support groups and/or services.
- Health education programs.
- Reliable information websites and other specialized hotlines.

Free Condoms

Free condoms are available to be mailed directly, and discretely, to the home or desired address of any Ohioan. Upon request, condoms will be sent in plain mailers without identifying information.

C. Resources for HIV and Hepatitis B and C:

- Equitas Health: http://equitashealth.com, 614-299-2437.
- National Perinatal HIV Consultation and Referral Hotline: 888-488-8765.
- National HIV Telephone Consultation Service: 800-933-3413.
- National Clinicians' Post-Exposure Prophylaxis Hotline for HIV and Hepatitis B and C (PEPline): 888-488-4911.

9. Pregnancy Risk Evaluation and Care

ORC. 2907.29 Requirements

ORC 2907.29 states “Each reported victim shall be informed of available venereal disease, pregnancy, medical, and psychiatric services.” Medical personnel should discuss and offer all legal options for possible pregnancy, including emergency contraception, with all (female) patients of child-bearing age who have not had a hysterectomy or permanent sterilization. Information should be given to the patient about the risks as well as the medications that can be taken to help prevent pregnancy. This emergency contraception information must be provided as a part of the treatment and healing process for the patient. Treatment is at the discretion of the authorized healthcare provider with the permission of the patient.

Emergency prophylactic treatment should be based on current medical practice, which is available online at www.cdc.gov. Emergency prophylactic treatment should be started within 72 hours for the most effectiveness but can be started up to 120 hours (five days) afterward and still be effective. Medical personnel should inform the patient that some medications may lessen the effectiveness of emergency contraception and determine if the patient is taking such medication.

If the facility cannot provide emergency contraception on site, a referral should be available to provide emergency contraception within 72 hours of the assault.

Emergency Contraception

Background

SART members should be knowledgeable of emergency contraception and other reproductive health terms. The terms provided in this document are based on standard medical definitions.

Methods of Emergency Contraception

- Yuzpe Method.
- Plan B **–** One Step.
- Ella.
- Next Choice.
- Levonorgestrel Tablets.

Emergency Contraceptive Pills (ECPs): ECPs, often referred to as the “morning after pill” can reduce the risk of pregnancy when taken within 120 hours depending on the medication given. With ECP, a higher dose of the same hormones found in “regular” birth control pills is given to the patient very shortly after sexual assault.

Scientific evidence suggests that ECPs, like oral contraceptives, work by suppressing ovulation. But depending on the timing of unprotected intercourse in relation to the woman's hormonal cycle, ECPs – also may prevent pregnancy either by preventing fertilization or by preventing implantation of a fertilized egg in the uterus.

Emergency contraceptives generally *reduce the rate of pregnancy by 75%,* which means the number of women who would be expected to become pregnant after unprotected intercourse drops from eight without ECPs to two when they are used. *However, progestin-pills have been found to have a higher effectiveness, reducing the risk of pregnancy by 89%, or 95% if taken within 24 hours of unprotected intercourse or rape.*

Side effects of ECPs include nausea and vomiting, headaches, dizziness, lower stomach cramps, irregular bleeding, breast tenderness and fatigue. These side effects were reported less frequently in women taking the progestin-only pills.

Emergency contraception provides no protection from HIV/AIDS or sexually transmitted infections.

Methods of Emergency Contraceptive Pills

FDA-Approved Emergency Contraceptives Products Currently on the U.S. Market

	ella[@]	**Next Choice**[@]	**Levonorgetrel Tablets**[@]	**Plan B One Step** [@]
Formulation	1 tablet (30 mg ulipristal acetate	2 tablets (each 0.75mg levonorgestrel)	2 tablets (each 0.75mg levonorgestrel)	1 tablet (1.5mg levonorgestrel)
Manufacture	Watson Pharmaceuticals, Inc.	Watson Pharmaceuticals, Inc.	Perrigo Pharmaceuticals, Inc.	Teva Pharmaceuticals, Inc.
Approval Date	Aug. 13, 2010	Prescription: June 24, 2009 OTC: Aug. 28, 2009	Dec. 30, 2010	July 10, 2009
Directions on Package insert	"One tablet taken orally as soon as possible, within 120 hours (5 days) after unprotected intercourse or a known or suspected contraceptive failure."	"The first tablet is taken orally as soon as possible within 72 hours (3 days) after unprotected intercourse. The second tablet should be taken 12 hours after the first dose."	"The first tablet is taken orally as soon as possible within 72 hours (3 days) after unprotected intercourse. The second tablet should be taken 12 hours after the first dose."	"One tablet taken orally as soon as possible within 72 hours (3 days) after unprotected intercourse."

Place label here that includes Facility Name, Address, Telephone and Emergency Department Contact

EMERGENCY CONTRACEPTIVE FACT SHEET SAMPLE

What is emergency contraception?
Sometimes called the "morning after pill," emergency contraception is used to prevent pregnancy immediately after unprotected sex.

What is unprotected sex?

- Sex without using birth control.
- The condom breaks or comes off.
- The diaphragm slips out of place.
- Rape or sexual assault.
- You stopped taking the birth control pills for more than a week or missed almost half of the birth control pills in the past two weeks.

Depending on when in your menstrual cycle you had unprotected sex, you could have 1 in 3 chance of becoming pregnant. Emergency contraception can reduce your risk by 75%. Emergency contraception should not be used as a regular birth control.

When do you use emergency contraception?
The first dose should be taken as soon as possible within 72 hours. Some can work up to 120 hours (5 days).

Is it safe?
Twenty years of study by the FDA says Emergency Contraception is safe and effective, but it isn't for everyone. Patients at (Insert Name of Facility) are screened to see if emergency contraception is safe for them.

How can I get emergency contraception?
After your sexual assault exam, you will be asked several questions to find out if emergency contraception is right for you. You will take the first dose at the facility. Some require a second dose and should be swallowed 12 hours later.

Are there any side effects?
You may feel sick and throw up, or have cramps or a headache, but these symptoms go away a day or two after treatment. If you throw up within one or two hours after taking a dose, call your doctor, you may need to repeat a dose.

When will I have my period?
Your next period may start a few days earlier or later than usual. If your period has not started within three weeks, call your doctor. Emergency contraception may not prevent an ectopic pregnancy (tubal pregnancy – the fertilized egg implants outside the uterus).

How soon can I get pregnant after taking emergency contraception?
You can get pregnant if you have unprotected sex immediately after taking the treatment. Until you know your HIV status you should use protective measures such as not having sexual intercourse or using a male or female condom.

10. Discharge and Follow-up

Medical personnel have important tasks to accomplish prior to discharging the patient, as do facility advocates/support people and law enforcement (if patient has requested involvement). The responding medical, legal, and advocacy services (i.e., SART team) should coordinate their activities as much as possible to reduce repetition and avoid further overwhelming the patient. These activities should be part of the community sexual assault protocol.

Medical Personnel

Medical personnel, preferably the examiner should address issues related to medical discharge and follow-up care. The medical personnel should check all forms for completeness of information and signatures. Procedures for handling the paperwork should follow the policies of the protocol and medical facility.

A. Make sure a patient's medical and mental health needs related to the assault have been addressed. Instruct the patient on the importance of medical follow-up. Give patient the telephone number of a local rape crisis center and/or counseling agency(ies) that can provide follow-up services related to the sexual assault.

B. Let the patient know that neither the patient nor the patient's insurance company should be billed for the evidence collection, the cost of any antibiotics administered as part of the examination, or the cost of HIV post-exposure prophylaxis, where indicated. The patient may be billed for other associated medical care provided (i.e., emergency contraceptives, blood work, X-rays). Any of these costs, if not covered by insurance, may be covered by the Victims of Crime Compensation Program, subject to certain requirements.

C. Make a referral available to provide emergency contraception to patient within 72 hours after the assault occurred if the facility cannot provide this on site. Provide the patient with the Information for Survivors and Their Families After a Sexual Assault.

D. Note all referrals, treatment received, and medication doses to be taken in the discharge paperwork. The patient should also be given a verbal explanation of the discharge instructions and offered a final opportunity to explore any acute concerns prior to discharge. If the patient is admitted to the facility, both pages are to remain with the patient. **(See Appendix B, page 117)**

E. Refer to the prior section on **page 39** for patients who wish to remain unnamed.

F. Assist the patient with follow-up medical and mental health appointments for the patient to document developing or healing injuries and complete resolution of healing. Appointments may also be needed to address ongoing medical concerns. If appointments are not scheduled, indicate which appointments are needed on the discharge paperwork. Make it clear that patients do not have to disclose the assault to receive follow-up medical care. Follow-up appointments may include:

- Follow-up testing and treatment for syphilis, gonorrhea, chlamydia, and hepatitis. Be sure the patient understands that no tests have been given and they need to arrange for follow-up testing.
- Anonymous HIV/AIDS testing in three and six months.
- Law enforcement or rape crisis center visits if additional bruises appear and new photographs and documentation must be done.

G. Document that a safety plan has been developed for patient at discharge. Safety planning can be done with the facility advocate or the facility social worker.

SART Representatives

Involved SART team members should come to an agreement about who is responsible for the following steps. This should be written in the community protocol.

A. Help patients plan for their safety and well-being. Assist the patients in considering things such as:

- Where are they going after being discharged? With whom? Will these individuals provide them adequate support? Is there anyone else they would like to contact? (Provide information about available community resources. Help the patient make contact if needed.)
- Do they need transportation?
- Will their living arrangements expose them to threat of continued violence or harassment? Is there a need for emergency shelter or alternative housing options? (Provide options and help obtain if needed.)
- Do they want more information about protection orders? (Provide information.)
- Is there a need for enhanced security measures? (Discuss options and help obtain if desired.)
- If they feel unsafe, what will they do to get help?(Discuss options and help them develop a plan.)

Planning must consider the needs and concerns of specific populations. For example, if a patient with physical disabilities requires shelter, the shelter must be accessible, and staff able to meet their needs. If there is a need for a personal care attendant to support daily living needs and activities at a shelter, it's important to involve the patient in the process of contacting a disability-related community resource to assist with this. The patient has a right to feel safe with a personal care attendant when returning home or going to a shelter. If a patient living in an institutional setting was assaulted by another resident, staff person or person who has easy access to residents, the institution should offer alternative living arrangements to reduce the likelihood that the patient comes in contact with the assailant again.

B. Explain advocacy and counseling services available within the community. Also explain that an advocate may be available throughout the exam, to accompany a patient to the police station, and throughout the court process.

C. Make the patient aware that, while law enforcement and prosecutors should take their thoughts and concerns into account, patients may be required to provide information to law enforcement and participate in prosecutions.

D. Explain the investigation process. If law enforcement is involved, inform the patient that investigators will request an interview with them. If not already done, explain the criminal justice process and patients' rights**.** Law enforcement should provide a copy of the "Ohio Crime Victims' Rights" booklet to the patient, www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Victims/Picking-Up-the-Pieces-A-Guide-to-Helping-Crime-Vic.aspx

E. The law enforcement officer should write contact information on the discharge form. The patient should be encouraged to call the investigator with any new relevant information, if new signs of injuries appear, about the suspect's compliance with protection orders or bond conditions, if the suspect tries to contact them, or for other related questions or concerns.

F. Explain the community's protocol for handling unnamed kits. Information should include how long a collected kit will be stored with law enforcement and a mechanism for the patient to notify law enforcement to retrieve the kit for investigation.

Resources

National

- **National Domestic Violence Hotline** 800-799-7233
  www.thehotline.org
- **National Organization for Victim Assistance** 800-879-6682
  www.trynova.org
- **Nation Sexual Violence Resource Center** 877-739-3895
  www.nsvrc.org
- **National Center for Victims of Crime** 855-484-2846
  victimsofcrime.org
- **Rape, Abuse, & Incest National Network (RAINN) Hotline** 800-656-4673
  www.rainn.org
- **Sexual Assault Forensic Examiner Technical Assistance** 410-626-7805
  www.safeta.org

State of Ohio

- **Action Ohio: Coalition for Battered Women** 614-825-0551
  www.actionohio.org
- **Forensic Nursing Network, Inc.** 740-602-3008
  www.ForensicNursingNetwork.org
- **Ohio Crime Victim Justice Center** 614-848-8500
  www.ocvjc.org
- **International Association for Forensic Nurses, Ohio Chapter**
  https://ohioiafn.nursingnetwork.com/
- **Ohio Alliance to End Sexual Violence** 216-658-1381, toll-free: 888-886-8388
  www.oaesv.org
- **Ohio Attorney General's Office** SAFE Program 614-466-4797
  www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Sexual-Assault-Forensic-Examination-(SAFE)-Program
- **Ohio Department of Health,** Sexual Assault and Domestic Violence Prevention Program 614-466-3543
  odh.ohio.gov/know-our-programs/sexual-assault-and-domestic-violence-prevention-program
- **Ohio Domestic Violence Network** 800-934-9840
  www.odvn.org

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FOOTNOTES

Note: The protocol borrowed pages (in part or in whole) 1 to 29 from the U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations—Adults/Adolescents (2013). The below footnotes are related to that document. Footnotes reference source materials can be found above in the reference section.

[1]See County of San Diego (April 2000) bulleted section partially adapted from the Review.

[2]This section was adapted partially from Connecticut's Technical Guidelines for Health Care Response to Victims of Sexual Assault, 1998, pp. 12–14, and from Iowa's Sexual Assault: A Protocol for Forensic and Medical Examination, 1998, pp. 1–4.

[3]To prepare them to competently provide sexual assault victim services, community-based advocates are typically trained according to the policies of the sexual assault advocacy agency where they are employed/volunteer and receive supervision related to their interactions with victims. In addition, many jurisdictions have specific requirements that community-based advocates must meet in order to fit within jurisdictional confidentiality or privilege laws. Advocates should meet these requirements. System-based advocates may be required to have specific credentials based on system and jurisdictional policies and laws.

[4]This bulleted section was drawn partially from Iowa's Sexual Assault: A Protocol for Forensic and Medical Examination, 1998, p. 7, and the Volunteer Manual of Virginians Aligned Against Sexual Assault (VAASA), 1989.

[5]Crisis intervention counseling is short term in nature, aimed at returning individuals to their precrisis state through the development of adaptive coping responses. Broadly, it entails establishing a relationship with the individual in crisis, gathering information about what is occurring, clarifying the problem, and helping the individual identify options and resources so that they can make an informed decision as to what, if any, actions will be taken. Section adapted from Women Helping Women Volunteer Training Manual, (1991), Cincinnati, Ohio. Note: Crisis intervention is not intended to address longer term counseling and advocacy needs.

[6]See A. Burgess and L. Holmstrom, (1974), for a summary of the psychological, somatic, and behavioral impact of sexual assault on victims.

[7]Many advocacy agencies offer ongoing support and advocacy to victims. Some also provide professional mental health counseling, but many refer victims to community or private agencies.

[8]For more information on crime victim's compensation, please see https://ovc.ojp.gov/topics/victim-compensation and/or https://www.ohioattorneygeneral.gov/Individuals-and-Families/Victims/Apply-for-Victims-Compensation

[9]Use community-based sexual assault victim advocates where possible. If not available, victim service providers based in the exam facility, criminal justice system, social services, or other agencies may be able to provide some advocacy services if educated to provide those services. Patients should be aware that government-based service providers typically cannot offer confidential communication.

[10]In very small communities, patients may know some or all advocates (e.g., a small, close-knit community that speaks an uncommon dialect). Some patients may feel comfortable being supported by an advocate known to them while others may not. Patients concerned about anonymity should be provided with as many options as possible. For example, ask if they would like to speak with an on-call advocate on the phone prior to making their decision about whether they want an advocate present during the exam. Another option may be for the local advocacy program to partner with an advocacy program in a neighboring jurisdiction, so they can provide one another with backup to handle situations such as this one.

[11]Continuity of advocates can be challenging when response by other professionals is delayed, the exam process is lengthy, or travel to the exam site is considerable. Volunteers may or may not be able to continue providing services after the end of their on-call shift.

[12]Note: paragraph partially drawn from the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims, 2001, p. 15.

[13]For example, in cases involving adolescents or vulnerable adults, caretakers should not be allowed in the exam room if they are suspected of committing the assault or of being otherwise abusive to the patient.

[14]Many local sexual assault advocacy programs and state coalitions of sexual assault programs offer publications that speak to victims' concerns in the aftermath of an assault. However, any involved agency, SART, or coordinating council could develop such literature.

[15]See Baladerian, N. J. (1986) For example of a booklet designed for people with developmental disabilities who have been sexually assaulted.

[16]It would be useful for the exam room to have an attached bathroom with a shower.

[17]For example, to raise their level of hope and comfort during the exam, some patients may benefit from talking about culturally specific models of healing (where they exist) and their application to recovery from sexual assault. To facilitate such a discussion, they may wish to speak with a religious or spiritual healer from their culture.

[18]See both The Joint Commission on Accreditation of Healthcare Organizations (2010 & 2011) New & Revised Standards & EPs for Patient-Centered Communication, Accreditation Program: Hospital, HR.01.02.01, PC.02.01.21, RC.02.01.01, RI.01.01.01, RI.01.01.03, effective Jan. 1, 2011, Joint Commission, Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care, Appendix B, August 2010.

[19]Healthcare providers generally are covered by language access requirements under Title VI, which requires them to take reasonable steps to provide language-appropriate healthcare, including the use of qualified bilingual staff, interpreters, and translators.

[20]Use of such informal and biased interpreters may result in unreliable communication, violate the patient's privacy, undermine the patient's claim of privilege, and jeopardize the use of the victim's statements in court. In cases of intimate partner sexual assault, it is particularly important not to use family members who are not likely to adopt a neutral stance or maintain the confidentiality necessary.

[21]See Zarate (2003) example: a Cuban interpreter may encounter language and trust obstacles when trying to communicate with a victim from rural Mexico.

[22]Professional interpreters are expected to be familiar with confidentiality requirements and cultural issues.

[23]Interpreters would not be expected to act as witnesses as to what was said in the examination room if they are present solely to facilitate direct communication between the patient and examiner.

[24]The above two sentences are drawn from the Office for Victims of Crime, First Response to Victims of Crime Who Have a Disability, 2002, p. 1.

[25]Examples of service animals include guide dogs and hearing-assistance dogs, and therapy dogs.

[26]Note that individuals may have their own assistive devices, but words needed to communicate may have to be programmed.

[27]Drawn partially from Ledray, SANE Development and Operation Guide, 2000, p. 79 and the National Sexual Violence Resource Center, 2018 Gender and Sexual Identity: Male Survivors.

[28]See Ledray (2000, pp, 86-87), Older women are at an increased risk for vaginal tears and injury when they have been vaginally assaulted. Decreased hormonal levels following menopause result in a reduction in vaginal lubrication and cause the vaginal wall to become thinner and more friable. Because of these physiological changes, a Pedersen speculum, which is longer and thinner than the Graves speculum, should be used during the pelvic exam for evidence collection. Special care should also be taken to assess for intravaginal injury. In some older women, examiners will need to simply insert the swabs and avoid the trauma of inserting a speculum. If there are external tears in the introitus, internal injuries must also be considered. The recovery process for older victims also tends to be longer than for younger victims.

[29]Drawn from National Sexual Violence Resource Center (2018). “Sexual Assault in the Military.”

[30]See the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) for its Bloodborne Pathogens Standard (CFR 1910.1030). According to this standard, bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. Among other things, the standard requires employers who have employees at risk for occupational exposure to bloodborne pathogens and other potentially infectious materials to develop plans to eliminate or minimize employee exposure. It also advises universal precautions that should be observed to prevent contact with blood or other potentially infectious materials. (This approach treats all human blood and certain human body fluids as if they are known to be infectious.) In addition, the standard requires employers to ensure that all employees at risk participate in a training program to inform them of risks, related facility policies, and necessary precautions. Employers must also establish and maintain a record for each employee with occupational exposure.

[31]Examiners typically assess patients’ psychological functioning to determine whether there is a risk for suicide and whether patients are oriented to person, place, and time. They may request a mental health evaluation for patients, if necessary.

[32]It is helpful if jurisdictions clarify the specific roles of advocates and examiners during the exam process. In the absence of advocates or other victim service providers, examiners may be responsible for providing crisis intervention and support to patients. In situations in which examiners are both collectors of evidence and crisis counselors, it is important to understand whether these dual roles affect their ability to testify in an unbiased manner. See the U.S. Department of Justice, Office on Violence Against Women (2013, April) Sexual Assault Medical Examination, Specific Knowledge, Skills, and Attitudes.

Appendices

Appendix A

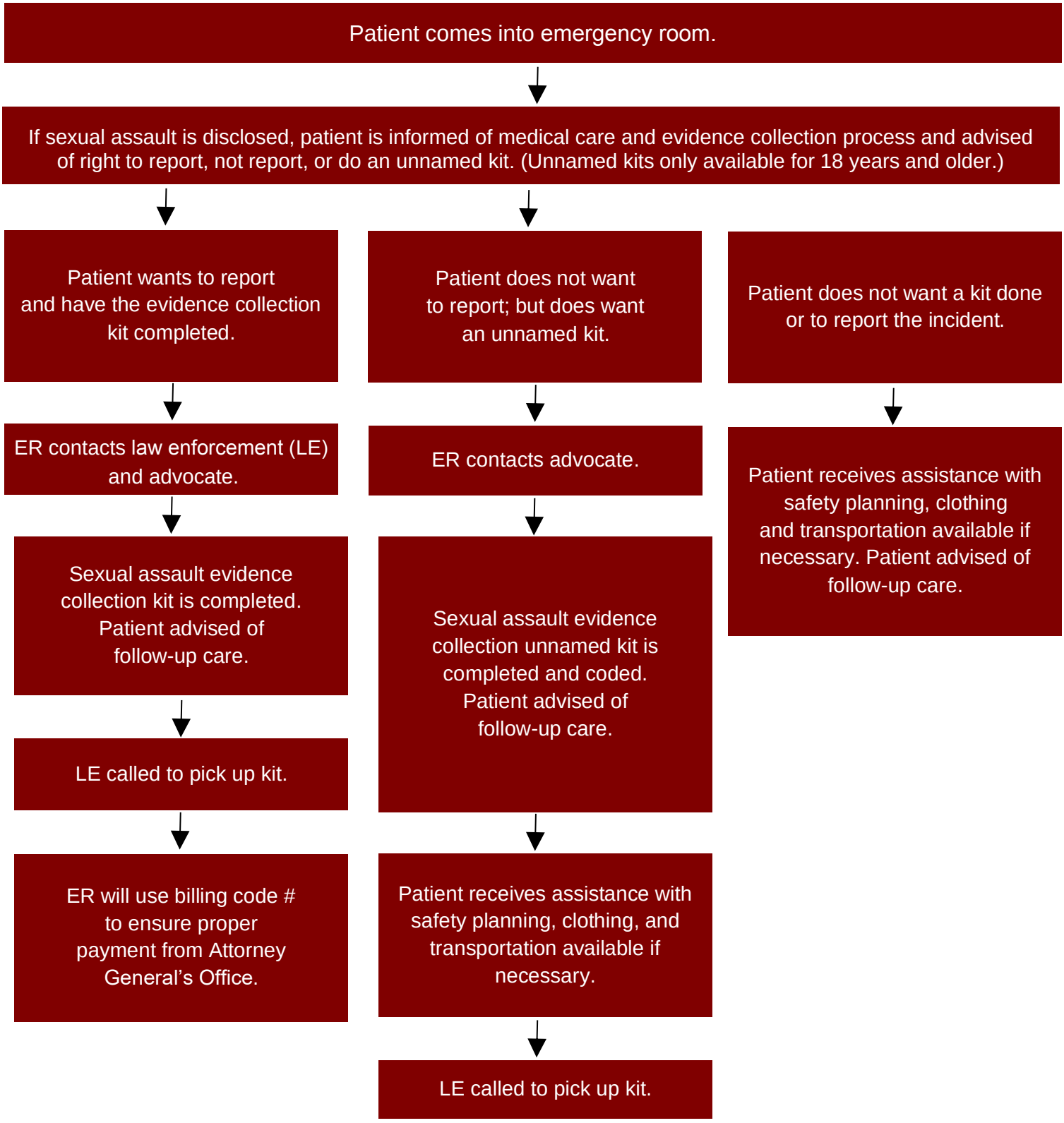
Sample Model Community SART Response

The SART model has become the standard for responding to adult and adolescent victims of sexual assault. Both the *National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent* and the *National Protocol for Sexual Abuse Medical Forensic Examinations — Pediatric* recommend coordinated team approaches as the best practice for response to sexual assault.

The next eight pages show sample flow charts that depict best practices for community response to sexual assault. Please note that these charts can and should be modified to fit your community needs but should always remain survivor-centered and trauma-informed.

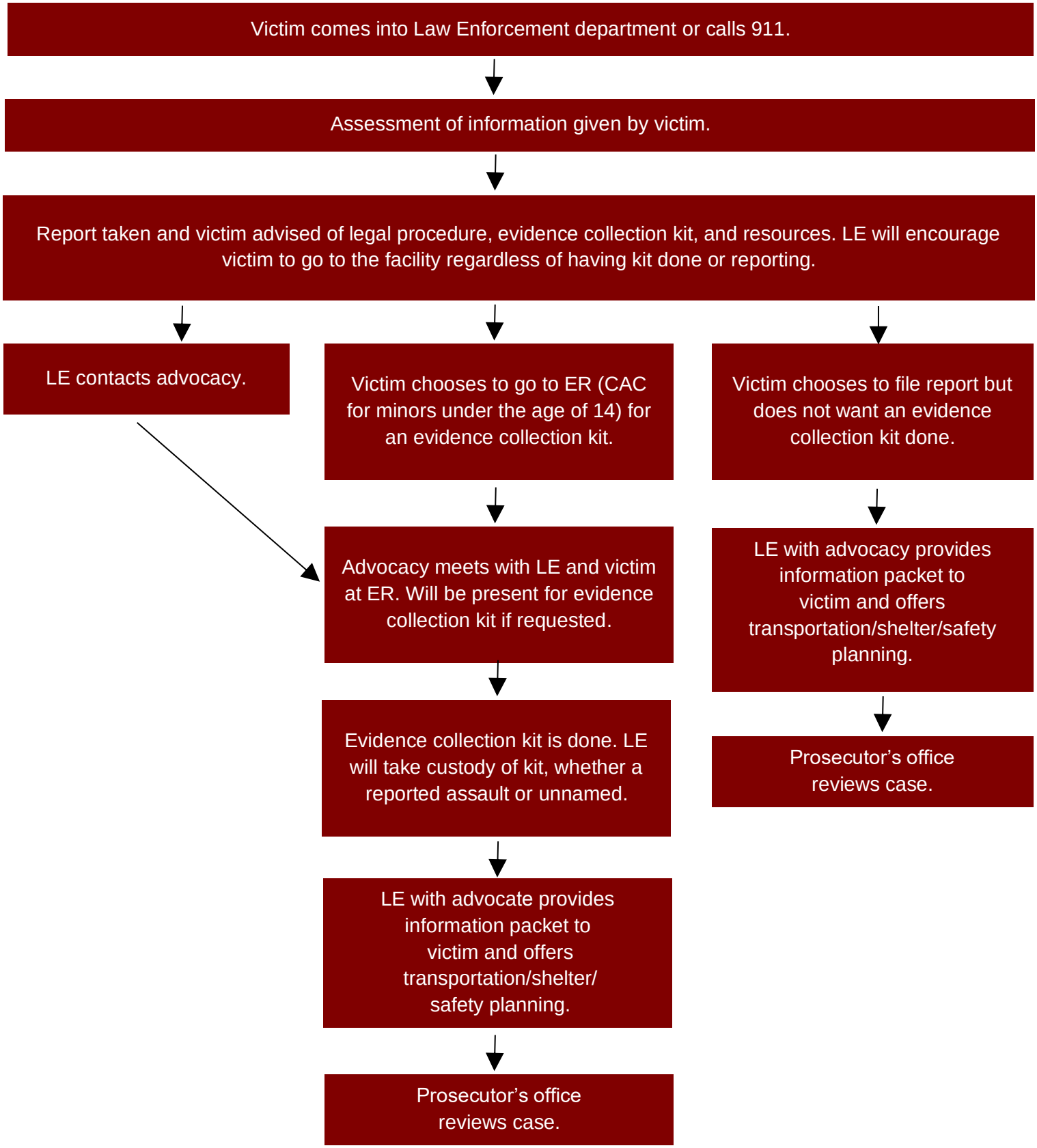
County SART Process Chart
Medical Facility Entry Point

****IMPORTANT NOTE:** Any victim under the age of 18 will require a report to children's protective services or the 24-hour emergency line. Minors 14 years and younger will be sent to CAC.

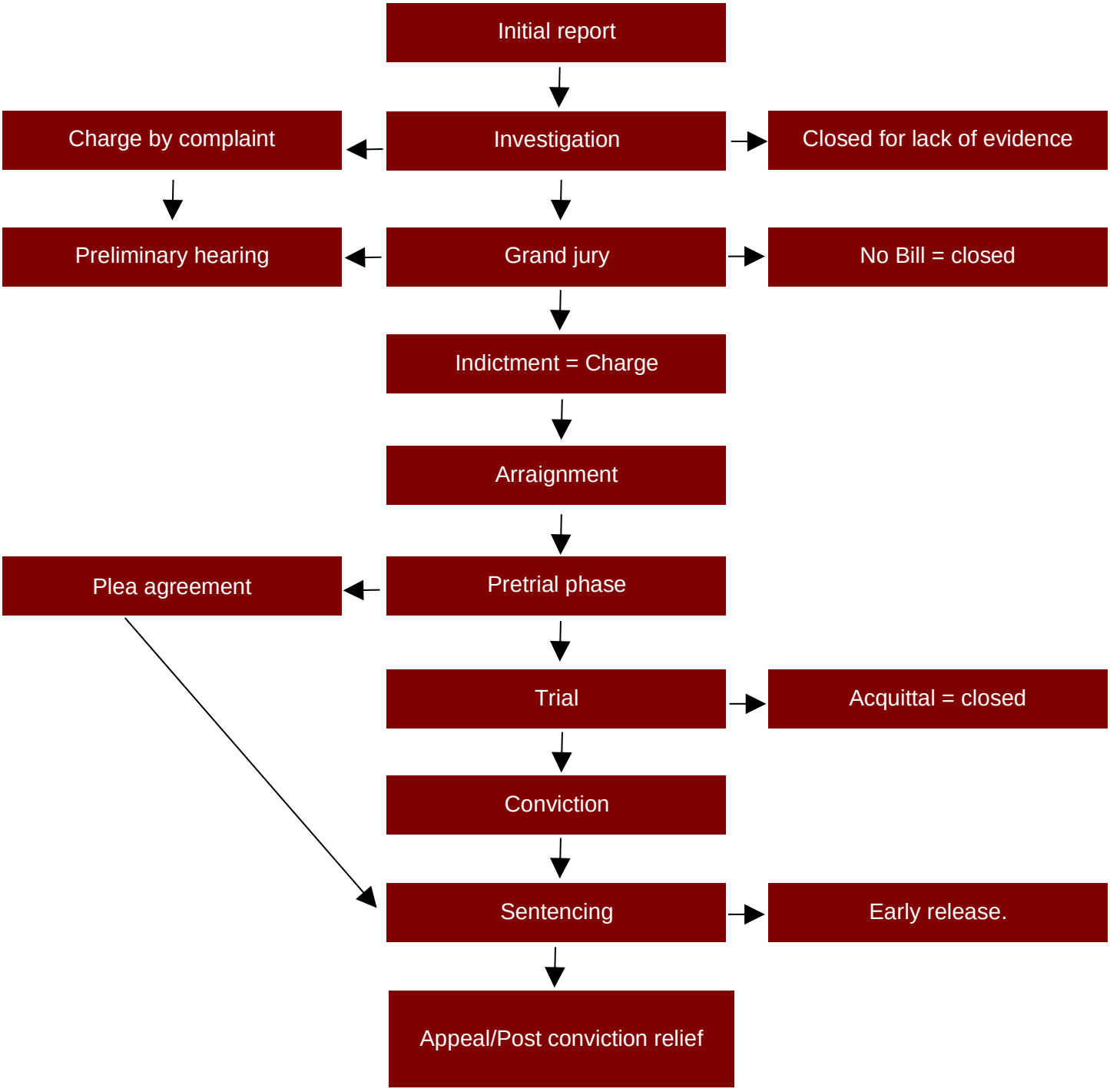


County SART Process Chart
Law Enforcement (LE) Entry Point

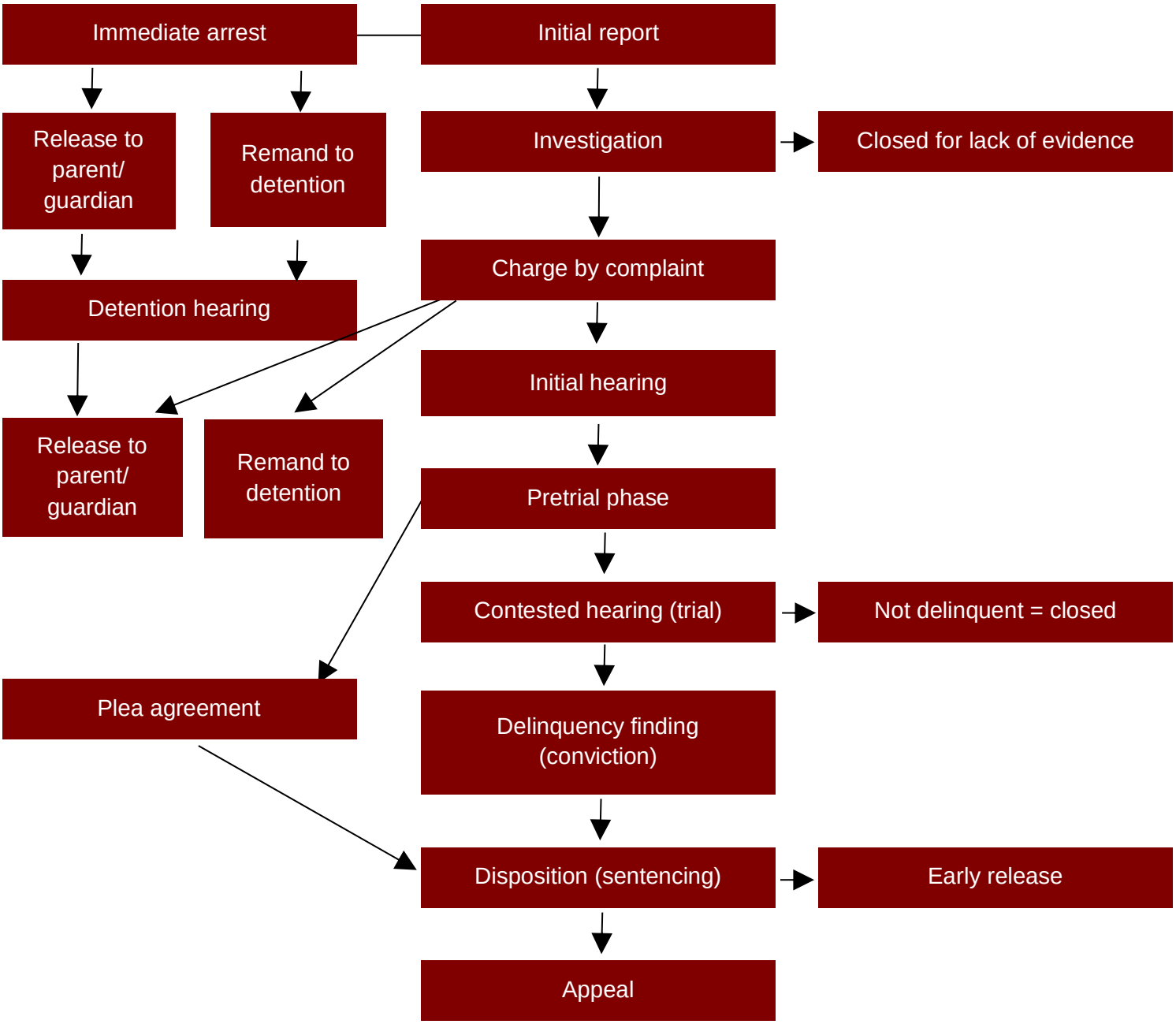
****IMPORTANT NOTE:** Any victim under the age of 18 will require a report to children's protective services or the 24-hour emergency line. Minors 14 years and younger will be sent to CAC.



County SART Process Chart
Criminal Prosecution – Adult Legal Process

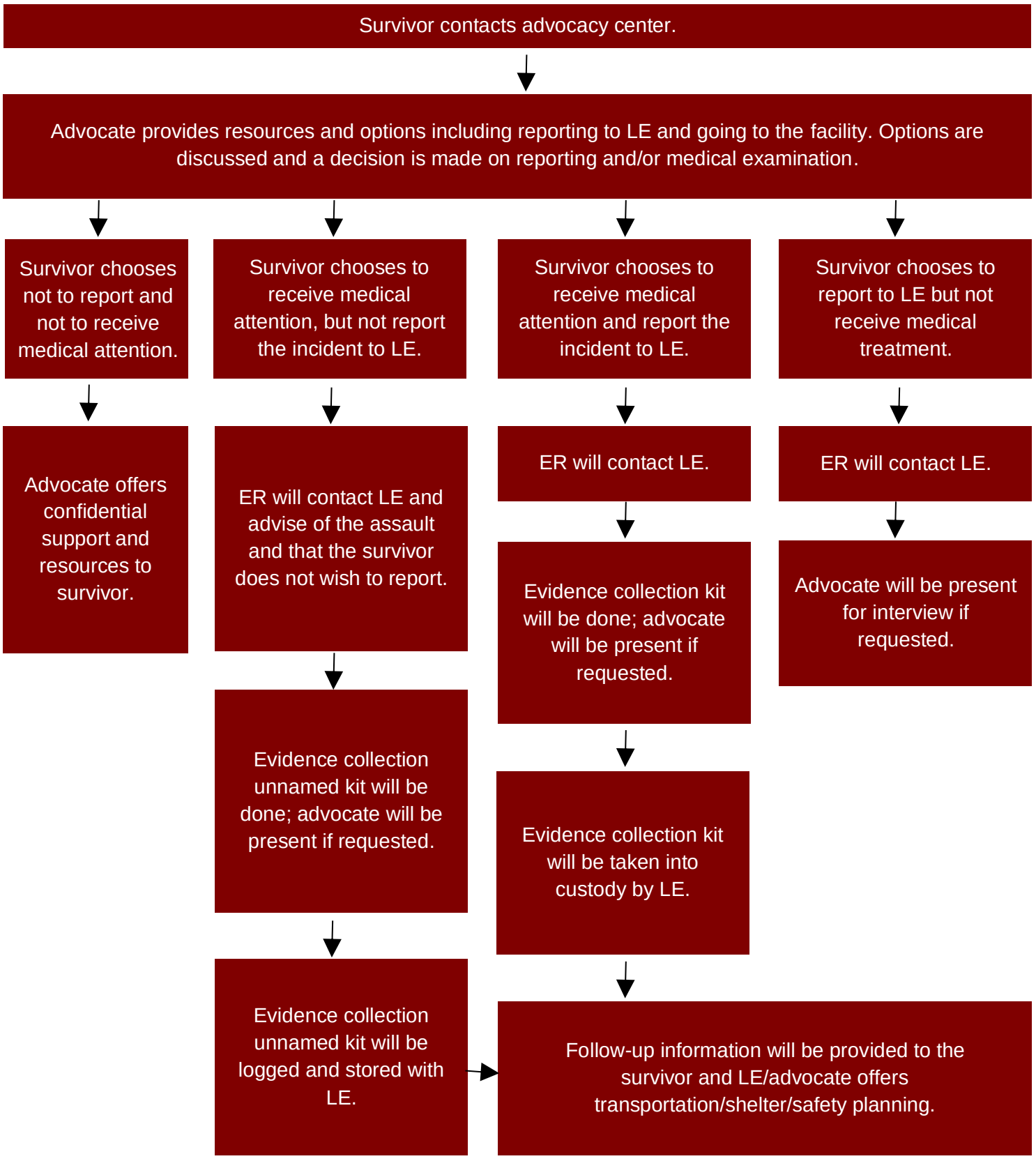


County SART Process Chart
Criminal Prosecution – Juvenile Legal Process



County SART Process Chart
Advocacy Entry Point

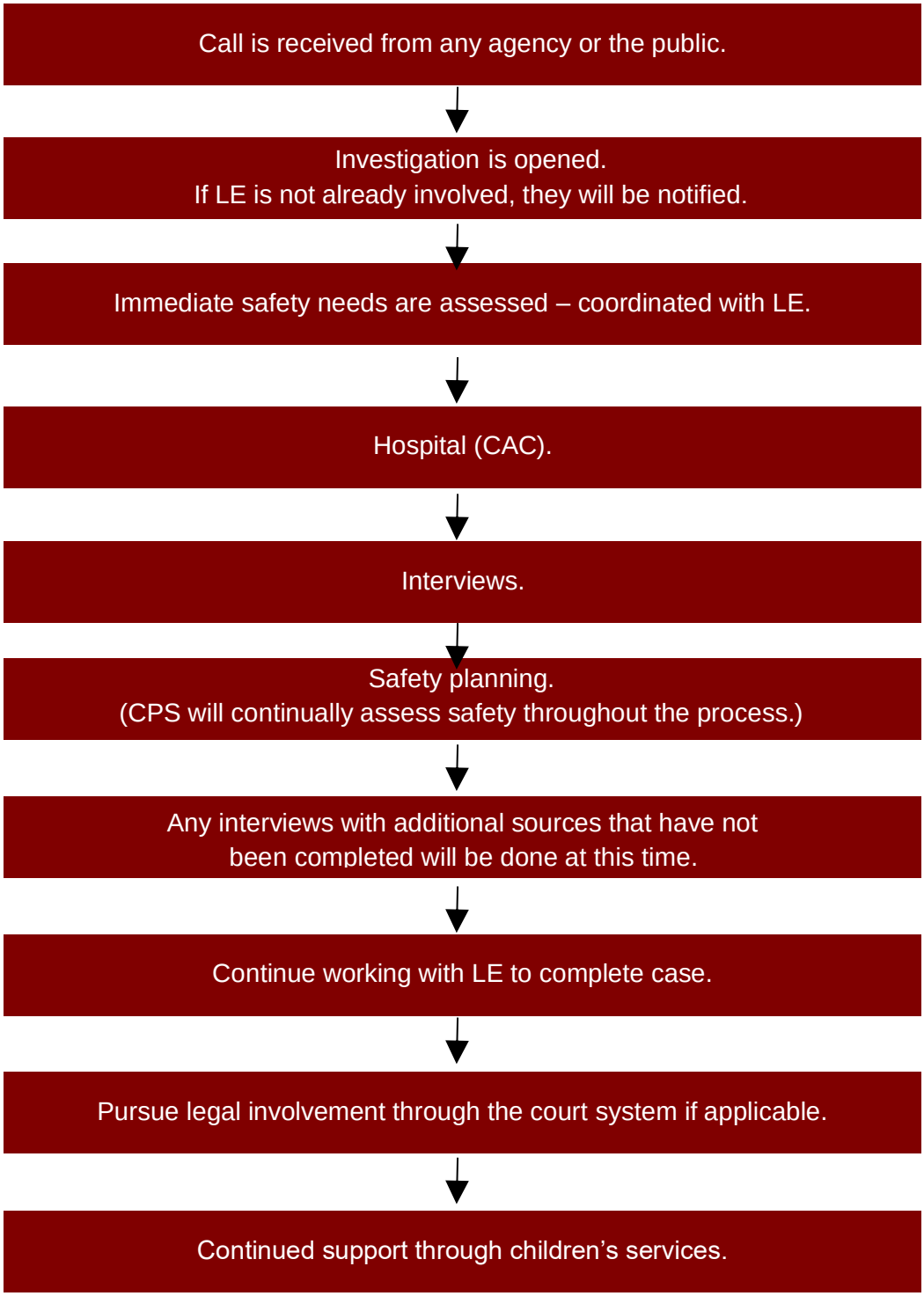
**IMPORTANT NOTE: Any victim under the age of 18 will require a report to children's protective services (Insert phone number) or the 24-Hour emergency line at (insert phone number).



County SART Process Chart

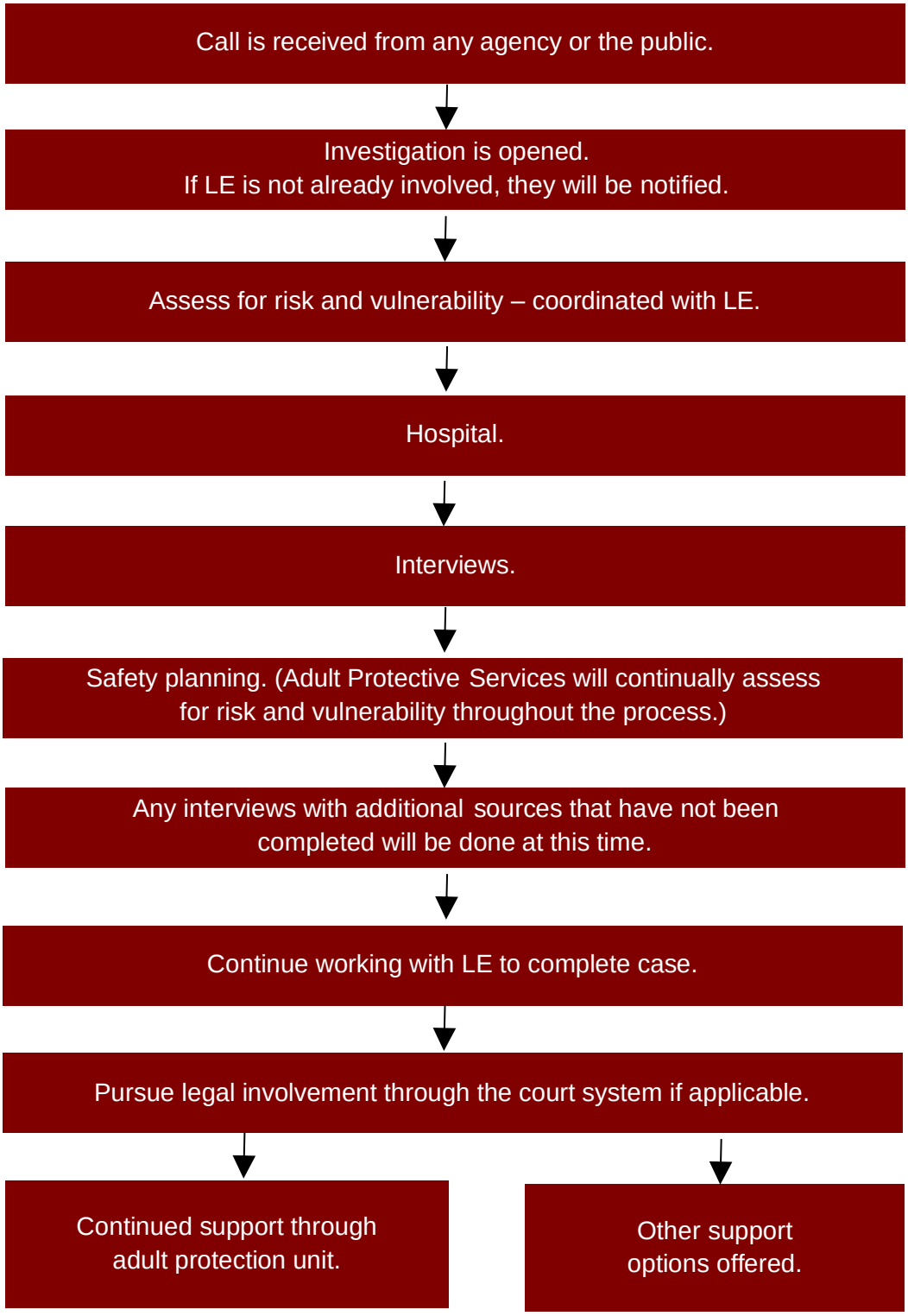
County Job and Family Services – Child Protection Unit Entry Point

*This applies to children under the age of 18 and
Individuals with developmental disabilities under the age of 22

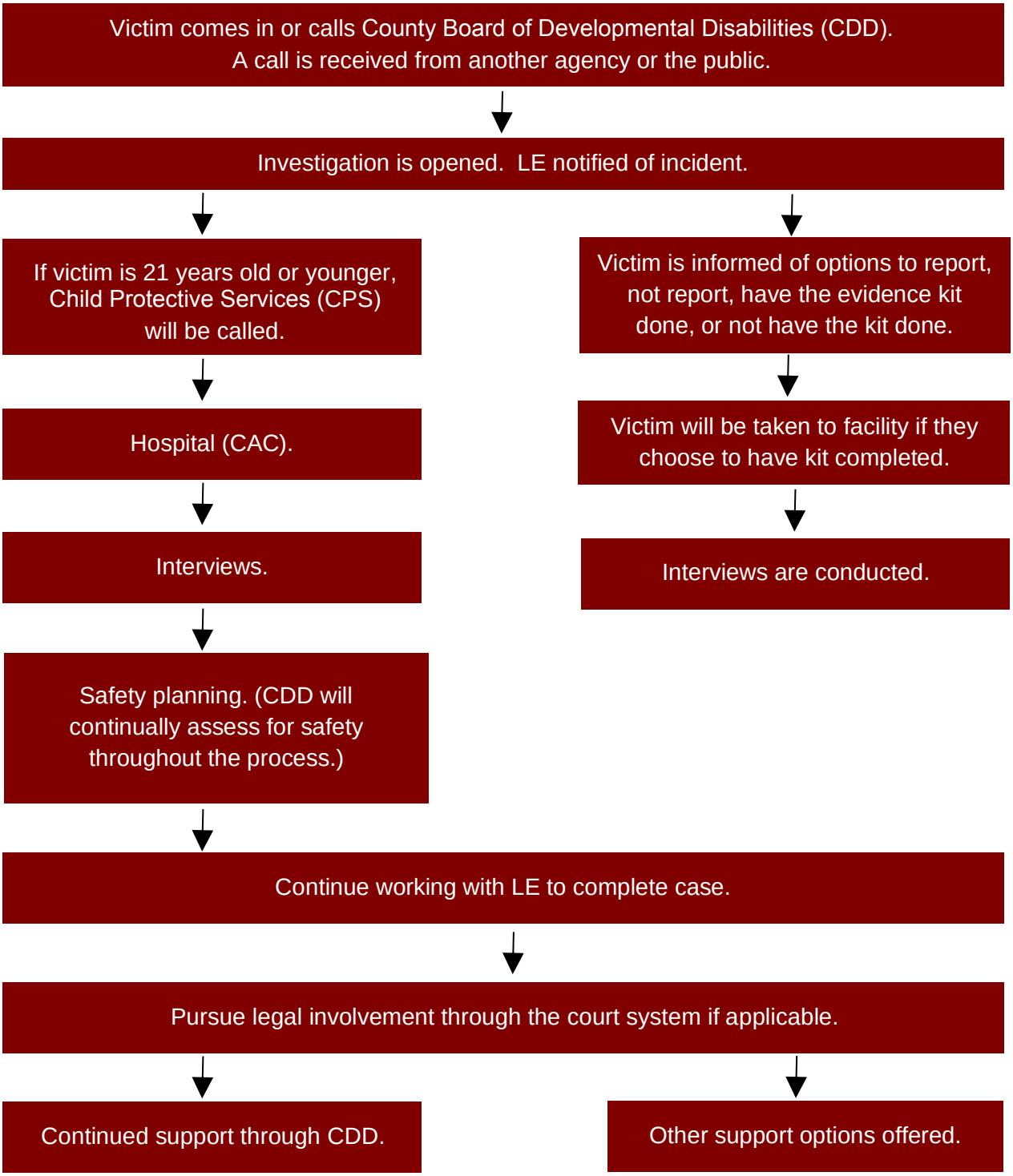


County SART Process Chart
Adult Protection Unit Entry Point

*This applies to adults over the age of 60
(with the infirmity of aging).



County SART Process Chart
Board of Developmental Disability Entry Point

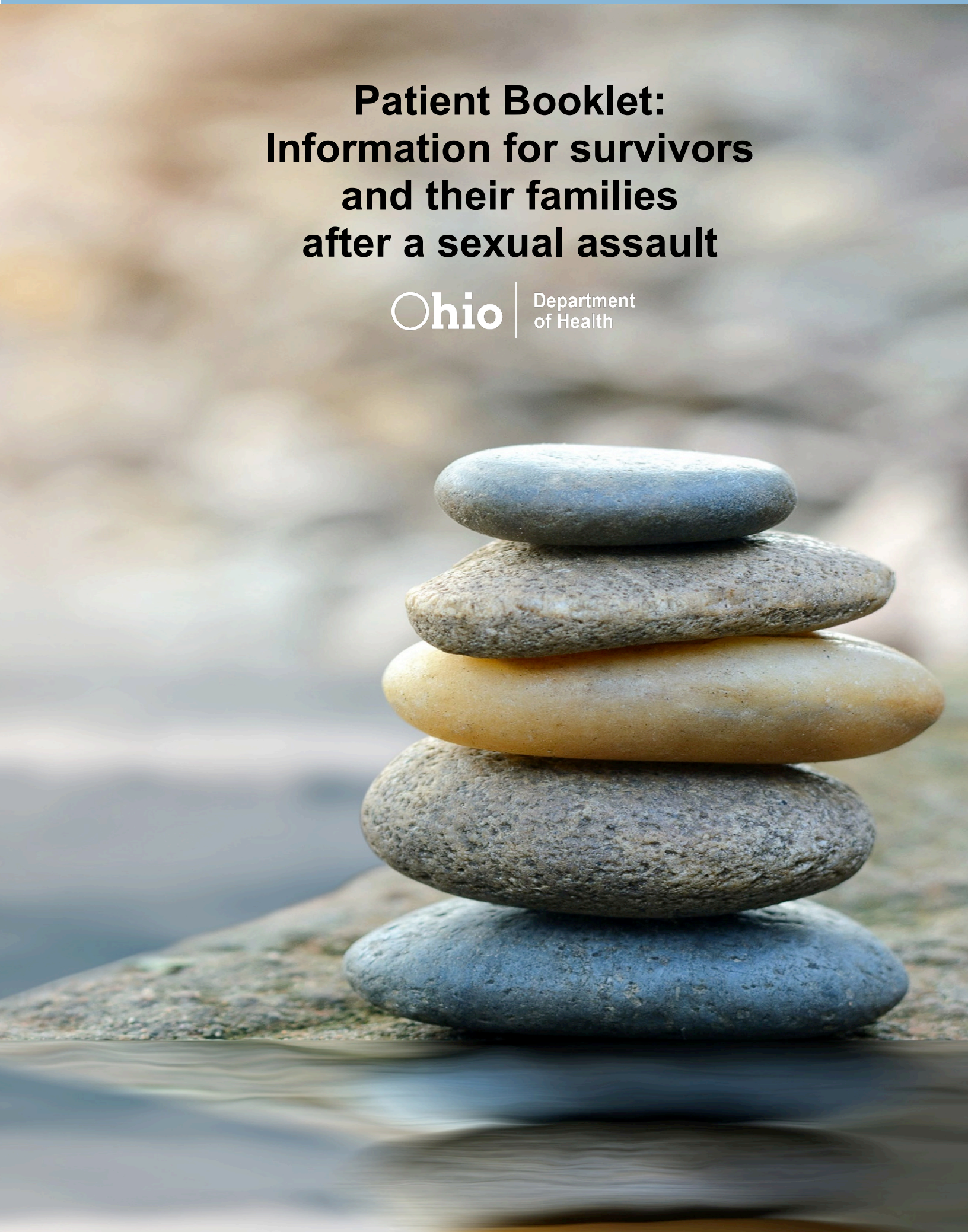


Appendix B

Patient Booklet:
Information for survivors and their families after a sexual assault

Patient Booklet: Information for survivors and their families after a sexual assault

Ohio | Department of Health



Caring for Yourself:
A Note to Survivors

Survivors of sexual assault may feel:

Confused, tired, scared, or angry.

Like shutting themselves away.

As if they cannot trust anyone.

Unable to sleep or focus.

Physically unwell, including stomachaches or headaches.

The need to hurt themselves.

Very emotional.

You may have some of these feelings. Talking to someone about what has happened may help you feel better. The Ohio Sexual Violence Helpline has trained support people available to listen. Call 1-844-OHIO-HELP or visit www.ohiosexualviolencehelpline.com .

Ohio Sexual Violence Helpline: 844-644-6435
A confidential resource for survivors of sexual assault

Information You Should Know as a Survivor

What is sexual assault?

Sexual assault is **a crime** and it is **NEVER your fault.** It happens when someone is forced to do something sexual they do not want to do. Doing something sexual to anyone can also be sexual assault even if no force is used. Examples of sexual assault may include someone:

- Touching your body or private parts in a sexual way.
- Forcing you to touch them in a sexual way.
- Making you take off your clothes and show parts of your body.
- Tricking you into doing something sexual when you don't want to.
- Touching your body or private parts when you are drunk, passed out, or asleep.
- Showing you pictures of naked people.

Now that you are here, what's next?

- You can choose to have a sexual assault forensic and medical exam (SAFE).
- A police officer may ask you questions about what happened. You have the option to decline or wait until later to talk to the police officer. A support person can be with you when you speak with police.
- If you do not want evidence collected, it is still important to seek other medical care. You can choose to take an HIV and/or a pregnancy test.
- You have the right to have a support person with you during your visit and exam. This may be a family member, a friend, or a local rape crisis advocate.
- You will be asked questions about your medical history.
- A nurse or doctor will perform a head-to-toe physical exam, which may include your private parts.
- Medicine may be offered to prevent sexually transmitted infections or pregnancy.
- You will be given telephone numbers for local services such as counseling and medical follow up.

What happens during the exam?

You will be examined for injuries. Evidence will be collected for the police to use during the investigation. You have the right to refuse any steps of the exam.

Evidence collection includes:

- Asking what happened. These questions help the doctor or nurse provide the best medical care for you.
- Collecting the clothing worn to the hospital.
- Documenting injuries and photographing visible injuries.
- Swabbing various parts of your body, including private parts. The nurse or doctor will explain each step.
- Collecting evidence including blood, urine, or vomit.

  The evidence collection kit will be given to police.

Who will pay for the exam?

Neither you nor your health insurance should be billed for any costs associated with the sexual assault evidence collection.

There may be charges for treatment of injuries. If your health insurance does not cover this, you may be eligible for a reimbursement through the Victims of Crime Compensation Program. If you are billed for this exam or if you need more information about crime victim compensation, call the Sexual Abuse Forensic Examination (SAFE) program of the Ohio Attorney General at 800-582-2877 or 614-466-5610.

Talking to the Police

- When a sexual assault is disclosed, Ohio law requires medical providers to tell the police the general date, time, and location of the assault.
- You have the option to decline or wait until later to talk to the police officer. A support person can be with you when speaking with police.
- If you are reporting anonymously, your name will not be given to police.

If you are under 18 years of age

- Unless there is a safety reason not to, a letter will be sent informing your parents or guardian that you were seen at the emergency room.
- Children's services and/or law enforcement will be contacted.
- You may not report anonymously.

Ideas for Taking Care of Yourself:

- When scared or anxious, you may stop normal breathing. Breathe deeply or count how many times you breathe in and out.
- Understand your triggers. Triggers are things that remind you of the assault or abuse. They could be a smell, a sound, a thing, a place, or a person. Knowing your triggers can help you face them.
- Value yourself and your strength for having survived.
- Be patient with yourself. It takes time to heal.
- Don't be afraid to ask for help! Look for people who can guide, support, and coach your healing. Call the Ohio Sexual Violence Helpline to find out about resources.

Follow-up medical care

Follow-up medical care is very important. It is another way to take care of yourself. Please make sure to follow the instructions you were given during the exam.

Resources to learn more about sexually transmitted infections

- Centers for Disease Control and Prevention fact sheets in English and Spanish: www.cdc.gov/std/healthcomm/fact_sheets.htm
- Ohio HIV/STI Hotline **800-332-2437**
  (voice) **800-332-3889**
  (TTY for the deaf and hearing impaired)
  www.ohiv.org
  ohiohotline@equitashealth.com.

Resources for survivors

The Ohio Sexual Violence Helpline aims to ensure that no matter where in Ohio survivors are located, they will have 24-hour access to sexual violence advocacy and links to resources and options in their local communities. Interpreters and referrals to support members in a wide range of specific communities are available.

- Rape, Abuse & Incest National Network (RAINN) National hotline for survivors. The hotline connects callers to the nearest rape crisis center that can provide emotional support and referral information. 800-656-HOPE or www.rainn.org.

- Ohio Crime Victim Justice Center provides free legal assistance to crime victims if their rights are violated. Get more information at OCVJC.org or **614-848-8500** or access the Crime Victims' Rights Toolkit: A Self-Help Resource for Crime Victims at victimsrightstoolkit.org.

- Find the nearest Rape Crisis Center at Ohio Alliance To End Sexual Violence, OAESV.org .

Please seek immediate assistance if you have feelings of wanting to hurt others or yourself.

- National Suicide Prevention Lifeline: **800-273-8255**.
- U.S. Crisis Text Line Text "**HOME**" to **741741**.
- The Trevor Project Suicide Hotline for LGTBQ youth: **866-488-7386**.

Important Contacts

Sexual Assault Nurse Examiner, Nurse, or Doctor	
Advocate	
Police Officer	
Medical Follow-Up Appointment	

Other Notes:

Ohio Sexual Violence Helpline: 844-644-6435
A confidential resource for survivors of sexual assault

Helping Your Child: A Note to Caregivers and Parents

Reactions you may experience as a parent or guardian of a sexual assault survivor:

- Disbelief, guilt, shame, confusion.
- Blaming your child for speaking up.
- Anger that someone would do this to your child.
- Wanting to harm the abuser.

Learning your child has been sexually assaulted can be very traumatic. More than 90% of abusers are people children know, love, and trust.[1] Worrying about the accused person may be an issue when they are someone close and trusted. These feelings are normal. Talking to a trained support person about what happened is an important step.

[1]From "Child Abuse Statistics by Indiana Center for Prevention of Youth Abuse and Suicide, 2018. https://www.indianaprevention.org/child-abuse-statistics

Some common feelings and reactions of children after sexual assault

- Sad, afraid, confused, angry, guilty, numb, or ashamed.
- Withdrawing from friends and activities.

- Acting young such as clinging, bedwetting, or thumb-sucking.
- Nausea, stomach aches, headaches, or tiredness.
- Sleeping problems, nightmares, or being afraid of the dark.
- Changes in appetite, sudden weight gain, or weight loss.
- Trying to act like a perfect child, or trying to take care of everyone.
- A drop in school grades, or difficulty concentrating.
- Getting into trouble at school – fighting, lying, stealing, using alcohol or drugs, taking dangerous risks, or getting into trouble with the law.
- Acting out in a sexual way.
- Thoughts of harming others, self-harm, or thoughts of suicide.

Seek immediate assistance if your child expresses feelings about wanting to hurt others or hurt themselves.

Your child is not responsible for the sexual assault.

National Suicide Prevention Lifeline
800-273-8255

Things you can do for your child

- Be calm and patient. Listen to what they need. Be honest and explain what is happening.
- Allow them to see your feelings, reinforcing that you are not upset with them but rather the person who did this.
- Respect their feelings and reactions. Follow their lead when it comes to touch and hugs.

Things you can say

- I believe you. Thank you for telling me. I am proud of you.
- This is not your fault. You are not to blame.
- I will work hard to help you.
- I am sorry that you are feeling ... angry, upset, or ashamed.
- We will get through this together.
- What you are feeling is normal and it is okay to feel this way.
- I am not angry with you. I am angry with who did this to you.
- What would make you feel better? What can we do together to feel better?

Resources for parents

It is important that you and your child have a strong support system to help with expressing and dealing with your feelings.

Caring for your child and family can be exhausting and overwhelming. You shouldn't expect your child to deal with this alone, so do not expect this of yourself. Do not be afraid to talk with someone about your feelings and experiences.

- Stewards of Children “When a Child Tells You About Abuse” www.d2l.org/get-help/being-the-safe-adult
- Find the nearest Ohio Child Advocacy Center www.oncac.org

Please seek immediate assistance if your child has feelings of wanting to hurt others or themselves.

- National Suicide Prevention Lifeline: **800-273-8255.**
- U.S. Crisis Text Line: Text **“HOME”** to **741741.**
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Sexual Assault Advisory Board of Ohio -Convening Organizations:

- Ohio Department of Health
- Ohio Department of Public Safety
- Office of the Attorney General

Sexual Assault Advisory Board of Ohio – Participant Organizations:

American Academy of Pediatrics, Ohio Chapter; Buckeye State Sheriffs' Association; Equitas Health; Forensic Nursing Network; Ohio Alliance to End Sexual Violence; Ohio Association of Chiefs of Police; Ohio Chapter of the American College of Emergency Physicians; Ohio Chapter of the International Association of Forensic Nurses; Ohio Children's Hospitals Association; Ohio College Health Association; Ohio Department of Developmental Disabilities; Ohio Department of Higher Education; Ohio Department of Mental Health and Addiction Services; Ohio Department of Rehabilitation and Correction; Ohio Department of Youth Services; Ohio Hospital Association; Ohio Network of Children's Advocacy Centers; Ohio Nurse's Association; Ohio Organization for Nursing Executives

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Patient's Bar Code Here