

EHHOP MHC Communiqué

Sexual Assault

Sexual assault is defined as any sexual act performed by one person on another without consent.

* All text sourced from UpToDate and abridged

Screening

Screening for sexual assault is largely the same as screening for IPV (see IPV Communiqué).

Patient Expectations

- Health care professionals who are nonjudgmental and compassionate
- Assurance of confidentiality
- Recognition of the complexities of violence and the difficulty of a quick resolution
- Avoidance of “medicalizing” the issue
- Discussion that is not rushed or hurried
- Confirmation that the violence is undeserved
- Supportive listening and feedback to bolster the patient’s confidence
- Ability to progress at their own pace
- No pressure to disclose, leave the relationship, or press charges
- Shared decision-making and respect for the patient’s decisions

Evaluation

The assessment of sexual assault victims includes several domains:

- Assessment and treatment of physical injury with special focus on the genitalia
- Psychological assessment and support
- Pregnancy assessment and prevention
- Evaluation, treatment, and prevention of sexually transmitted infection
- Forensic evaluation

When possible, acute evaluation should be done by providers specifically trained to care for victims of sexual assault. Others may do the evaluation in one of the following circumstances:

- A trained provider is not available.
- The patient prefers that the examination be done by another provider and cannot be dissuaded, understanding that flawed evaluation may affect the likelihood of identification and prosecution of the perpetrator. Bias may be presumed if the provider is a friend or personal physician to the victim.
- The evaluation is occurring later than the locally determined interval for formal evidence collection, which in New York is 72 hours.

Mount Sinai Sexual Assault Forensic Examiner (SAFE) Program

Sexual assault examinations require the integration of specialized knowledge of genital anatomy and physiology, human sexual response, common sexual response, common sexual assault injuries, specialized health care treatment, forensic science and criminal justice. This knowledge is not often included in basic education in medical and nursing curricula. SAFEs receive comprehensive training to facilitate best practice medical and psychological care for the treatment of survivors of sexual assault, performed in the context of forensic evidence collection. SAFE Examiners are medical professionals currently licensed as a nurse, doctor, and/or physician assistant. SAFE Examiners are present in the Mount Sinai Emergency Room

EHHOP Policy

Due to the medical, psychosocial, and legal intricacies of sexual assault evaluations, EHHOP policy refers victims of sexual assault to the Mount Sinai emergency room, which has trained providers and resources present to adequately meet the needs of victims. Under no circumstance should EHHOP clinicians attempt to conduct a sexual assault history and physical exam without supervision of a trained SAFE examiner. These tasks will need to be done again by a trained provider, and conducting them more than necessary can expose victims to unnecessary retraumatization.

Bottom Line

1. Screen every patient for IPV, and by extension, sexual assault
2. Make MHC C/L Senior aware, come up with a plan
3. Screen for depression, anxiety, and substance use
4. Follow the patient’s lead
5. If the patient requests, provider should immediately accompany patient to Emergency Room for evaluation by a SAFE examiner.