A trauma-informed and multi-disciplinary approach in offering outpatient post-sexual assault care

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Disclaimer:

Thank you for participating in this outpatient sexual assault training. We recognize that discussions surrounding sexual assault can evoke strong emotions and reactions. It is important to acknowledge that some of the information provided in this training may be triggering d/t our own personal experiences.

We encourage you to prioritize your well-being throughout this training. If at any point you feel overwhelmed, triggered, or uncomfortable, please feel empowered to take a break or seek support as needed.

Our goal is to create a compassionate and understanding learning environment where everyone feels supported and confident in implementing this workflow. We hope this training improves the care your patients receive when they feel safe enough to disclose sexual abuse to members of your dedicated and compassionate staff.

To support this goal, we want to remind everyone to refrain from sharing personal stories of sexual abuse. If you require additional support or resources, please do not hesitate to reach out to a trained professional or community resources.

Learning objectives

- Attendees will be able to identify the various barriers to post-sexual assault care for people experiencing homelessness.
- Attendees will be able to describe the trauma-informed care practices implemented through this post-sexual assault care protocol for all disciplines at time of patient disclosure.
- Attendees will feel more confident in offering post-sexual assault healthcare in the outpatient setting.
- Attendees will be able to discuss the importance of universal clinical guidelines and internal resources and how these can decrease anxiety, vicarious trauma, secondary trauma, and burnout for care teams offering post-sexual assault care.

Sexual Assault Defined

SEXUAL ASSAULT
Unwanted fondling, touching, acts that are sexual in nature and are achieved without consent

RAPE - Attempted or completed act of oral, anal or vaginal penetration by coercion or force with the victim unable or unwilling to give full consent

"The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."
(DOJ Uniform Crime Report Definition of Rape, 1/12)

- How many of you in this room have ever had a patient disclose a recent sexual assault?
- How many of you referred/recommended/offered the patient go to the ED for medical care and a SANE (sexual assault nurse examiner) exam?
- How many of you felt confident treating or guiding the patient to treatment in your outpatient clinic setting if the patient refused the ED?

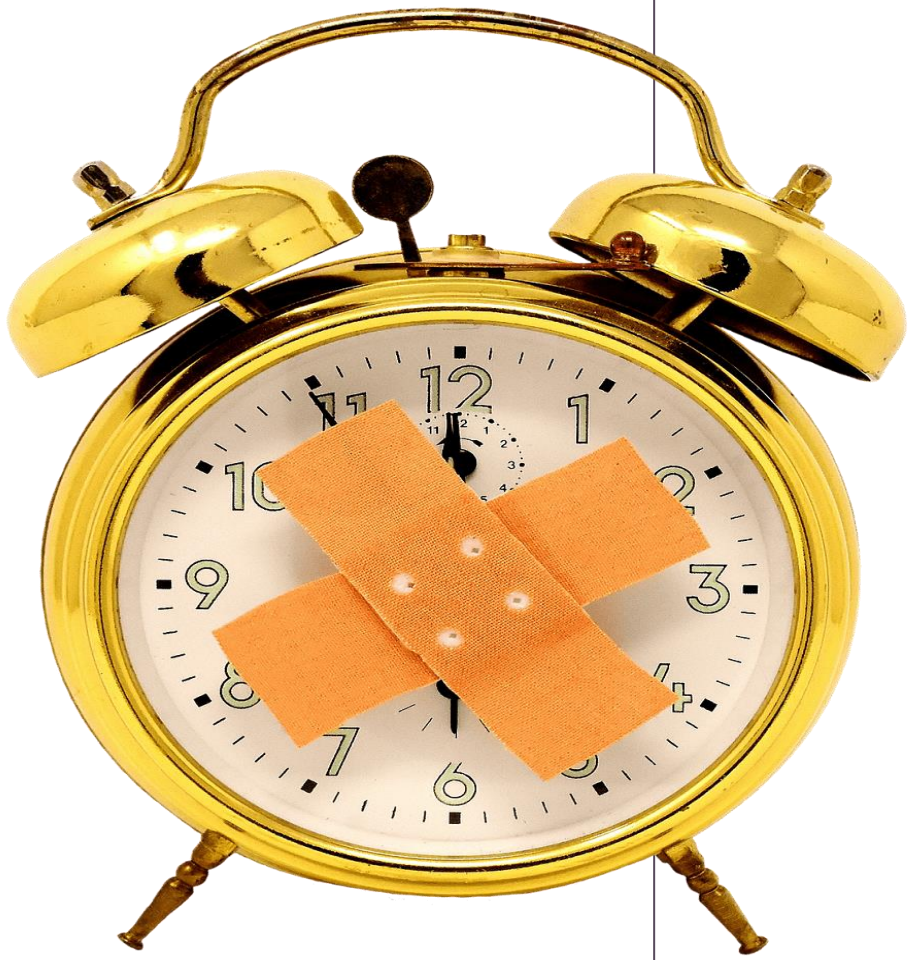
General population statistics around sexual assaults

- One in five women and one in 71 men will be sexually assaulted in their lifetime
- According to a study of homeless and marginally housed people, 32% of women, 27% of men, and 38% of transgendered persons reported either physical or sexual victimization in the previous year (Kushel, et al, 2003)
- National sexual violence resource center reports that less than 1 out of every 3 sexual assaults are reported (63%-80% aren't reported)
- Only 21% of *reported* SA receive post-sexual assault medical care

(Rennison, 2002)

Short and Long-Term complications of Sexual Violence

- Genital and non-genital injuries
- Sexually transmitted infections
- PTSD
- Depression
- Suicidality
- Sleep disorders
- Eating disorders
- Sexual disfunction
- Drug Use
- Chronic pain
- Gastrointestinal disorders
- Migraines and other frequent headaches
- Gynecological complications
- Cervical cancer



https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html

Homelessness and Sexual Assault

- Physical and sexual violence is a leading cause for homelessness for women and youth.
- The relationship between child sexual abuse and homelessness is well documented.
- Landlords who sexually harass or sexually assault tenants, force one to choose between homelessness or unsafe living environment.
- Increase duration of homeless, increases one's risk of sexual assault.
- Physical and sexual violence tends occur by people they know, places they are familiar with.
- Violence leads to homelessness, and homelessness leads to risk of further violence.

Homeless Adults and Sexual Violence

- 13% homeless women report sexual assault in past 12mo, 50% of these women were raped at least twice (Wenzel et al, 2000)
- Homeless women with a disability have 97% lifetime risk of violence, making sexual violence a normative experience (Goodman, et al 2006)
- Homeless women with SUD, 3x more likely to experience sexual assaults
- Survival sex, sex work – 50% hx of childhood sexual assault, 38% experience sexual assault while engaged in survival sex. Increases risk of sexual assault 3x compared to other homeless women

Why don't people experiencing homelessness don't often receive post-sexual assault care?

- Negative past experiences with the healthcare system.
- Shame and guilt.
- Existing relationships with the perpetrator.
- Traditional model focuses on evidence collection and our folks don't want to involve the legal system (lack of trust in legal system, open cases), outstanding legal concerns.
- Limited education/knowledge around what sexual assault exams entails.
- Limited understanding of the risks of not having quick access to preventative HIV and pregnancy care.
- Re-traumatization (medical, interpersonal, systemic).
- Victim blaming/ fear they won't be believed.

(Santa Maria et al., 2020) (Wenzel, et al., 2020)

Reasons patients may choose existing providers over hospital visit for post SA care

- Provider/staff familiarity can reduce anxiety and mistrust in Emergency Department/Hospitals
- Shorter wait times in accessing care when compared to the ED
- Timeframe/exam window concerns
- Health Centers have the same ability to provide comprehensive care for infectious disease, reproductive health, and behavioral health
- Does not want to complete evidence collection
- Patients can still report to police and receive community resources without a SANE exam
- Increased ability to provide holistic and culturally competent care

(Santa Maria et al., 2020)

It is up to us to reduce barriers for our patients to receive trauma-informed and patient centered post-sexual health care

- Providing trauma-informed care and accurate/appropriate responses and treatment options for survivors of sexual assault at the time of disclosure
- Creating standardized clinical guidelines to support multidisciplinary team members in providing this care
- Encourage individual and team support and education on the impact of secondary and vicarious trauma on staff and clinical decision making

Discussion question and case study:

Case study:

38yo female comes into clinic for a case management visit and reports she was raped 2 nights ago and again last night by a male person she is staying with. She has been living with him for 3-4 weeks after she met him while staying on the streets. She is visibly upset, crying, shaking. States she left all her belongings at his place, including her medications; c/o withdrawal symptoms from not having her prescribed benzodiazepine medication which is prescribed by her psychiatrist for anxiety. She is too afraid to go back to his place. She refuses to go to any local shelters, feels they are unsafe, and would prefer to stay on the streets or find "some random guy to go home with."

Question: What is the <u>first</u> thing staff should do?

A. Call 911, help pt make a police report
B. Call 911, send pt to ER
C. Get more details, what does pt mean by "rape", where or when the assault occurred, etc
D. Ask pt if they feel safe and what are their immediate needs
E. All of the above

Six key principles of a Trauma-informed approach

a patient-centered approach in service delivery and the prevention of re-traumatization

Safety	• Physical settings • Interpersonal interactions that promote safety • Emotional safety
Trustworthiness and Transparency	• Operations and decisions are done with transparency • Clear information on services, processes • Goal of building and maintaining trust
Peer Support	• Ability to use lived experiences to promote recovery, build trust, enhance collaboration
Collaboration and Mutuality	• Leveling the power differential between staff and patients and among staff in different roles • Sharing the decision-making process
Empowerment, Voice & Choice	• Individual strengths are recognized and built upon • Belief in resilience and ability of individuals and communities to promote recovery • Staff autonomy/confidence
Cultural, Historical, & Gender Issues	• Actively moves past cultural stereotypes and incorporate policies, treatment, procedures that are responsive to racial, ethnic, and cultural needs of those served

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Case study continued:

Pt shares that she feels safe in clinic with the CM. CM finds a clinic room to support the pt, provide education, assess acute needs and provides options to meet those needs.

Pt decides that she does not want to go to the emergency department but is worried about pregnancy, STIs, and withdrawal symptoms.

CM alerts front desk to have pt placed on a walk-in schedule. Pt is triaged by RN and scheduled to see next available provider while honoring gender preference of provider. Provider introduces self and role, provides education on what can be treated in clinic and honors pt's choices re: treatment options.

Case study medical follow-up

Medical Care

- Meds - EC, STI ppx, nPEP, anti-nausea
- Labs
- Assessed for wounds, pain, acute injuries – none found

Safety Planning

- Respite referral – bed n/a
- Able to stay in clinic room for rest of day –given 1st dose of meds, food/drink, safe space
- Provided post-SA clothing kit (paper bag for underwear)

Unresolved issues

- Refusing shelter, walked around all night
- Withdrawing from benzodiazepine

Follow Up

- RTC in am, still no Respite beds available
- RN and CM worked ALL DAY, found detox bed for benzo w/d (and for safety placement)
- Able to reassess med tolerance, needed extra dose of anti-nausea
- Pt informed still within time frame for sexual assault evidence collection
- Follow-up care and STI testing discussed and scheduled with patient and provider.

Creating an agencywide trauma-informed post-sexual assault clinical guideline and protocol

Goals

- Improve engagement and access to trauma-informed post-SA medical and behavioral health care for survivors at time of disclosure.
- Decrease symptoms of vicarious and secondary trauma for staff at all levels.
- Increase competencies for all staff roles around offering outpatient post- SA care to patients at time of disclosure

How

- Focus on training all staff in being able to offer trauma-informed, post-sexual assault care at time of disclosure regardless of role/credentials.
- Clinical ops team reviewed post-exposure medication that can be stored in clinics
- Created documentation guidelines and order smart sets in EMR to help guide clinician and non-clinician staff in the moment.

Safety: increasing emotional and physical safety immediately after a disclosure will increase comfort and engagement in care.

Staff regardless of role will do the following upon disclosure of a SA to increase safety.

- Believe the patient
- Provide trauma-informed emotional support and offer to request BH support for patient
- Do not ask for details about the assault
- Ask the patient if they currently feel safe and ask what you can do to increase their sense of safety in the moment
- Assess if there are any urgent medical needs resulting from SA
- Inform/offer patient of their options re: exam and treatment options and referrals
- Respect their right to autonomy around accepting or refusing any of these resources

Trustworthiness and Transparency

- Our work is relationship based and that means that any member of a patient's multidisciplinary care team could be the person receiving a disclosure of a SA from a patient.

- All patient facing staff, regardless of role or credentials, are trained on post-sexual assault treatment timelines and options, SANE, evidence collection, etc. to ensure patients are receiving information to make an informed decision around next steps.

Clinical guidelines focuses on incorporating all tenants of trauma informed care

Peer Support

- Staff are aware of peer resources to offer patients s/p SA
- Internal TTA assistance for staff available PRN
- Staff have access to imbedded trauma counselors for staff for debriefs or 1:1 support as needed.

Collaboration and mutuality

- Post SA care trainings are focused on respecting patient autonomy and decision making
- Patient and Staff feel more supported when both are mutually engaged in the decision-making process

TIC Protocol cont.

Empowerment, choice, and voice

- Increase awareness of post-sexual assault care in a variety of settings allows staff to provide a variety of options
- Patients then feel empowered in decision making

Cultural, historic, and gender considerations

- Staff have multiple pathways to receive internal and external support after providing care to a survivor.
- Patients have multiple pathways to receive internal and external support after a sexual assault.

Documentation Guidelines

Worked with clinical informatics specialist to build easy documentation and clinical guidelines to offer continued support to staff after trainings and ensure high quality of care is being provided at a time of increased trauma and stress.

Goals

- Streamline clinical processes for sensitive visit types
- Guidance to provide trauma informed/patient centered visit
- Provide direct access for procedural ‘next steps’ in the healthcare and criminal justice environments after disclosure of SA

How

- EMR note templates
  - Has “hidden” guidelines imbedded and TIC best practices
  - Drop down tabs help guide what education to offer patients
- Order smart sets for ease on providers
- Created a new EMR chief complaint that auto-populates template and smart sets

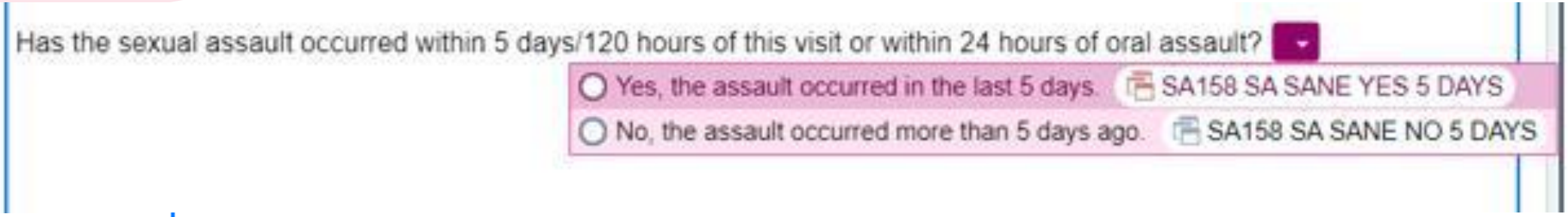
Documentation guidelines reinforce info provided at staff trainings.

Staff regardless of role will do the following upon disclosure of a SA
Believe the patient
Provide trauma-informed emotional support and offer to request BH support for patient
Do not initially ask details about the assault
Ask the patient if they currently feel safe and ask what you can do to increase their sense of safety in the moment
Assess if there are any urgent medical needs resulting from SA
Inform/offer patient of their options regarding exam and treatment options and referrals
Respect their right to autonomy around accepting or refusing any of these resources

Considerations for SANE Exam
Clothing worn during the assault is part of evidence collection
Whenever possible, patients should not change clothing prior to SANE exam. Please provide patient with a change of clothing for after ED SANE exam
Do not wipe fluids, blood, stains, or dirt from the patient.
Do not offer food or drink if an oral assault occurred within 24 hours of report though patient comfort should come first
Calling in an ED expect is often helpful to help support expedited triage
BARCC contact number 1-800-841-8371
Boston Police Sexual Assault 617-343-4400 if assault takes place in Boston

Has the sexual assault occurred within 5 days/120 hours of this visit or within 24 hours of oral assault?

EMR workflow for visits within the SANE timeframe



Has the sexual assault occurred within 5 days/120 hours of this visit or within 24 hours of oral assault? Yes, the assault occurred in the last 5 days.

Additional Criteria for SANE Exam

Patient is 12 years of age or older

The assault occurred within 5 days/120 hours

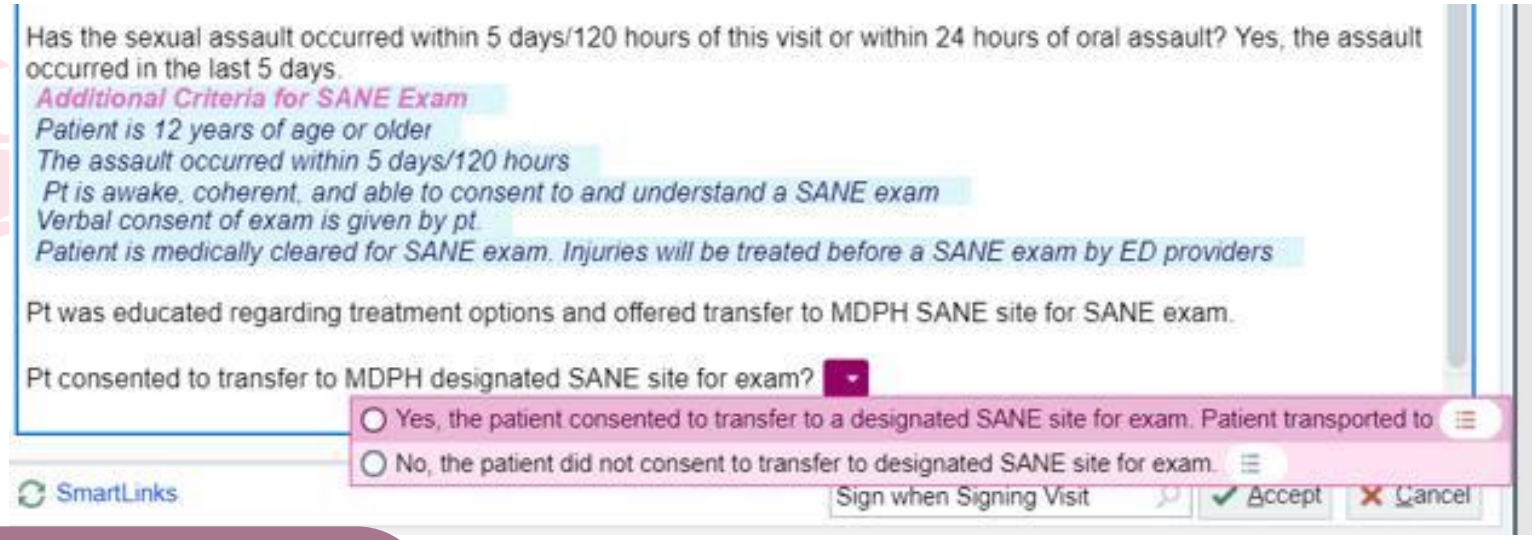
Pt is awake, coherent, and able to consent to and understand a SANE exam

Verbal consent of exam is given by pt.

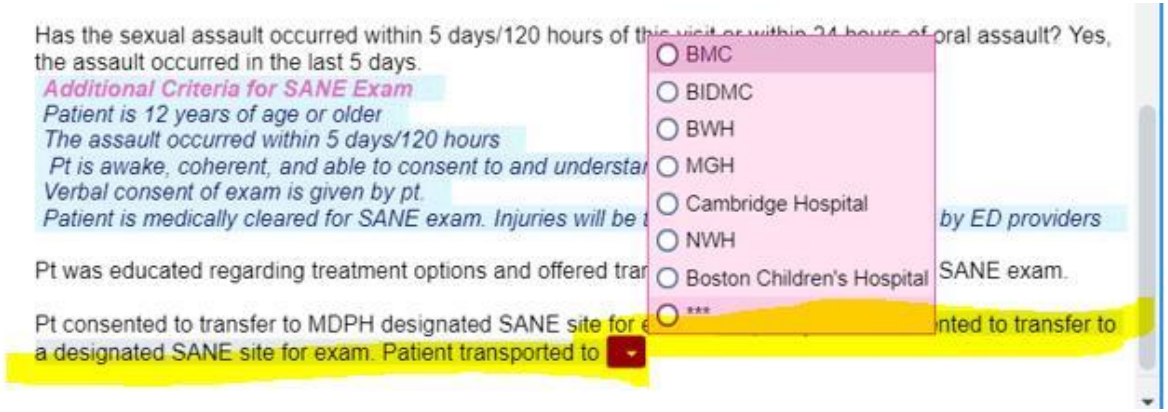
Patient is medically cleared for SANE exam. Injuries will be treated before a SANE exam by ED providers

Pt was educated regarding treatment options and offered transfer to MDPH SANE site for SANE exam.

Pt consented to transfer to MDPH designated SANE site for exam?



Answering YES to the consent to transport for SANE exam will drop in a single select list of possible locations for SANE exam



Answering NO (declining SANE exam transport) will prompt the user to F2 and drop in a smart text

Pt consented to transfer to MDPH designated SANE site for exam? No, the patient did not consent to transfer to designated SANE site for exam.

PROVIDERS ADD CHIEF COMPLAINT OF POST SEXUAL ASSAULT TO OPEN EXPRESS LANE SMARTSET FOR POST ASSAULT ORDERS

Patient autonomy respected in decision making. The following was offered to the patient:

- Patient informed they have up to 5 days after assault to change their mind
- Offered provider visit for Emergency Contraception, PEP, labs, and exam to treat any injuries that may have occurred.
    - If Pt declines provider visit, offer nursing care and labs via counseling and testing team
- Offered information on Boston Area Rape Crisis Center (BARCC) for BH support and resources.
- Offered BHCHP BH open access information
- Offered information on BHCHP DV advocate
- Recommended/Offered BMH referral
- Informed patient they can present to the police station assigned to the location the assault occurred to make a report without going to the hospital for a SANE exam.

If staffing allows and approval from manager, offer a staff member to accompany Pt to police station for report.

If patient wants to make a report but not at the police station, staff can call 911 and request that BPD be dispatched to the clinic site for report. Please alert site director if this option is chosen by the patient

Offer new clothing items to patient if resources allow

The smart text that drops includes helptext clinical decision support and some generic documentation

When a patient declines transport to SANE exam site , the user is reminded to add a CC of Post Sexual Assault to enable the express lane smart set.

SA occurred more than 5 days ago

- The following smart text will drop in the smart list when a provider selects this option:
- These patients are not eligible for a SANE exam

Has the sexual assault occurred within 5 days/120 hours of this visit or within 24 hours of oral assault? No, the assault occurred more than 5 days ago.

SANE exam for evidence collection will not be completed
Police report can still be completed
and it is very helpful if the clothing worn during the assault can be collected in a brown paper bag and brought when making the report
patients can request a victim witness advocate through the District Attorney Office to assist with court proceedings after filing a report

PROVIDERS ADD CHIEF COMPLAINT OF POST SEXUAL ASSAULT TO OPEN EXPRESS LANE SMARTSET FOR POST ASSAULT ORDERS

- Offered provider visit for STD prevention meds/PEP, labs, and exam if indicated.
- Offered BARCC info.
- Offered BHCHP BH open access information for BHCHP BH support
- Offered information on BHCHP DV advocate
- Recommend BMH referral

The smart text that drops includes helptext clinical decision support and some generic documentation

Has the sexual assault occurred within 5 days/120 hours of this visit or within 24 hours of oral assault? Yes, the assault occurred in the last 5 days.

Pt was educated regarding treatment options and offered transfer to MDPH SANE site for SANE exam.

Pt consented to transfer to MDPH designated SANE site for exam? No, the patient did not consent to transfer to designated SANE site for exam.

Patient autonomy respected in decision making. The following was offered to the patient:

- Patient informed they have up to 5 days after assault to change their mind
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Patient facing documentation

Additional actions:

Has the sexual assault occurred within 5 days/120 hours of this visit or within 24 hours of oral assault? No, the assault occurred more than 5 days ago.

- Offered provider visit for STD prevention meds/PEP, labs, and exam if indicated.
- Offered BARCC info.
- Offered BHCHP BH open access information for BHCHP BH support
- Offered information on BHCHP DV advocate
- Recommend BMH referral, unfortunately no female beds available.

Referrals made: Referred to WOW provider Dr Laks, for post assault medical intervention.

Reason for Visit:
Chief Complaint
Patient presents with
- Post Sexual Assault

REMINDER ABOUT PRIMARY DX Primary DX cannot be the Z code for sexual assault

HPI: Marelaz Zzzbach is a 27 year old adult who presents to the clinic after reporting a sexual assault that occurred in the city/town of : Boston 00/00/0000 at 00:00.

Pt informed that they can refuse to answer any questions asked or refuse any part of today's questions, exam, or treatment recommendations.

Pt taken to quiet, safe room and appropriate support team members were contacted as appropriate.

Pt assessed for injuries and urgent medical needs which were addressed as follows: ***

Review of Systems
Review of Systems

OBJECTIVE:
Vitals Signs: There were no vitals filed for this visit.

Physical Exam

Provider Ambulatory Note Smart

ASSESSMENT/PLAN:

PROBDIAG

Clinical Follow Up Reminders
- *1wk Schedule patient for PCP follow up in 1 week. If no PCP, schedule with Lisa S Thursday AM at JYP*
- *2wk - Repeat pregnancy test if indicated*
- *HIV ab - if initial test neg, repeat 6wk and 3mo*
- *Syphilis - if initial test neg, repeat 4-6wk and 3mo*
- *HBV, HPV vaccines - complete if indicated*

Helpful Hints for Physical Exam
- *Ask for consent with each part of exam, especially before touching patient*
- *Avoid documenting negative findings, ie no ecchymosis. If case goes to court, the defense can use negative findings against pt.*
- *General appearance - Avoid stating no acute distress, instead describe their demeanor*
- *Oral assaults - Look for bruising on palate*
- *Strangulation - Look for bruising/markings on neck, or petechiae on face/eyes/ears*
- *Skin - Document what you see*
- *GU/Rectal if indicated and pt consents - Assess for for bruises, lacerations.*

Conclusions

- Outpatient clinical guidelines for the treatment of sexual assault can help improve consistency and increase access to post-sexual assault care by offering options outside the ED.
- Multidisciplinary trainings for all staff allows access to trauma informed care regardless of who on the care team receives the disclosure.
- Documentation guidelines help support staff in following clinical guidelines and clinical decision making. Decreases staff stress and increases staff competencies while offering care.
- Imbedded staff supports via trainings, documentation guidelines, trauma informed supervision, and imbedded staff counselors helps decrease feelings of secondary and vicarious trauma.

Questions?

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