CARE CENTER

When a Survivor of Sexual Violence comes to the ED, call the CARE CENTER immediately.
An advocate will arrive within an hour.

PER SASETA: IT IS A SURVIVORS LEGAL RIGHT TO HAVE AN ADVOCATE PRESENT FOR THIS VISIT.

NORTHWEST CENTER AGAINST SEXUAL ASSAULT (NWCASA)

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BIAS VS. IMPLICIT BIAS, HUMANS HAVE BOTH! HERE IS THE DIFFERENCE

Bias: "The action of supporting or opposing a particular person or thing in an unfair way, because of allowing personal opinions to influence your judgment" (Cambridge Dictionary)

EXAMPLE: A new Supervisor at your workplace has been hired and is a huge pizza fanatic, so the Supervisor buys everyone pizza at lunch. However, you dislike pizza and have always had negative perceptions of pizza eaters, therefore you dislike your new Boss and tell everyone in the office you do not support the new Supervisor and their endeavors.

Implicit Bias: "A bias or prejudice that is present but NOT consciously held or recognized" (Merriam-Webster)

- **There are existing assessments that assist in identifying such potential biases known as the Implicit Association Test (IAT)**

(https://implicit.harvard.edu/implicit/takeatest.html)

In a scholarly review of past studies seeking to determine potential implicit biases in workplaces by distributing IATs –

"These studies reveal that students, nurses, doctors, police officers, employment recruiters, and many others exhibit implicit biases with respect to race, ethnicity, nationality, gender, social status, and other distinctions" (Jost et al., 2009).

Implicit biases are fundamentally based on generalized stereotypes in addition to past and present associations. While implicit biases can be difficult to recognize, it is essential to note that although this is a common human behavior, we must learn how to dismantle any prior associations that could put our patients/survivors at risk for more harm. With knowledge of such potential biases, we are able to provide the utmost best ethical care for SA survivors.

Here are several examples of implicit biases and FALSE social perceptions that have been recognized in the past or found in research:

1) A survivor comes in while living with homelessness and issues of substance abuse, so they must be coming in looking for a bed to sleep in and are using SA as an excuse.

2) A survivor has come in before with similar notions of assault, so they must be making this up for attention.

3) This survivor is hallucinating/acting strange/can't keep their story straight, so it must be a mental illness or they're lying (although, patients could have been drugged or roofied, so a substance test should be administered).

4) The survivor doesn't "look" and/or "acting" like they have been assaulted.

5) Sexual trauma isn't as "bad" as other trauma (i.e., surviving a car accident or tornado).

6) The survivor is a sex worker, so they're not really a victim.

7) Men can't get sexually assaulted.

8) They just want free medical care.

How to describe the role of an advocate

- SASETA: All victims may have a support person and/or advocate present, before, during and after the evidence collection exam. This means the advocate needs to be called IMMEDIATELY when a patient discloses
- Advocates responsibility is to represent the interests and needs of the survivor
- Advocates assist with special needs of the patient
- Advocates provide referral for local follow up services
- Advocates provide a hospital packet that includes information on Illinois Laws, Acts and Programs, Illinois Victim's Rights, Illinois Protective Orders, Legal Process, Abortion Information, STI Information, and more.
- Advocates have absolute privilege, this means we cannot be in the room when law enforcement is present. We are solely here for the survivor and for the survivor only, whatever they say to us, stays between the advocate and survivor.

At NWCASA, our mission is to empower survivors and their significant others, we do so by working to provide the best survivor centered and trauma informed care in our community. By having us present during a SA visit, we are taking some weight off your shoulders by assisting you in any way possible while also supporting the survivor. We provide basic information about how the visit is going to look, we provide legal information, we provide community resources, and of course support to the survivor. Most of us have sat through many kits and have become familiar with the process, and can offer feedback when necessary.

What advocates will ask of you when we call you back from our hotline

What is the patient's name?

- What is the patients age?
- Can we speak to the patient? (This is a way of building rapport and making sure it is the survivors decision for an advocate to be present. You may feel it is important for us to be there, but the survivor may not want our services.)
- If the survivor declines our services, we will still ask to speak to them to get basic information as we provide follow up calls and to go over our hospital packet. If they decline speaking to us, we will not ask further.

Can you wait to start the kit until I arrive? (Advocate will provide an ETA. You should wait for them to arrive if the survivor consents for an advocate to be present)

- Who should I ask for when I arrive?
- What is the room number the patient is in?

DO's and DON'T's of SA visit and kit

DO's

- Call local rape crisis center when patient discloses even if a hospital/police social worker is present, it is mandated by law to call the local rape crisis center
- Kits are mandated to be offered within 7 days after assault (could go over if this is what patient wants)
- Survivor must be in private room (4 walls, 1 door, windows covered)
- Assess urgent medical needs
- Empowering care: providing healthcare, support, and resources: treating patients with dignity and respect; believing their stories; helping them reinstate control and choice; respecting patients decisions
- 7 steps of the exam: Obtain informed consent, conduct a patient history, head-to-toe physical assessment, detailed ano-genital assessment, collect evidence, offer treatment and medications, provide discharge instructions
- Offer each step of the kit even if you feel like it may not be needed
- Always wear gloves, gown, mask hair and shoe covering to prevent cross contamination
- Change gloves after each piece of evidence is collected, i.e after each step
- Record the time and date of each piece of evidence collected
- Use everything that is present in the kit (boxes, bags, swabs, comb, etc)
- Make copies of the voucher
- Call DCFS when needed

DON'T's

- Do not call the local rape crisis center after the kit is completed
- Do not leave the kit- chain of custody- the kit should always be with you, do not leave it in room, at station, or with anyone else not completing the kit
- Do not use lubrication during any steps of the kit
- Do not let patient eat or drink before completing the kit (mouth swabs)
- Do not put swabs in original packaging, it should be put in the boxes provided
- Do not pressure or coerce patient into making any decisions, provide options and let them decide on their own
- Do not kick out advocate, the advocate is allowed to be present during any time of the visit with patients consent
- Do not switch off the kit to another nurse, if you started it, you should be the one to finish it

If the patient consented, the patient has three options when it comes to reporting the kit and turning the kit in. The patient has the opportunity to sign a written consent to allow law enforcement to submit the for testing, if collected. The consent is used to release information about the sexual assault to law enforcement.

The survivor can sign for consent if he/she is over the age of 13. If it is a minor, guardian needs to consent.

Option A – Patient report

The patient gives permission to get the kit tested and speak to law enforcement. Law enforcement will send it to a lab to be analyzed within 10 days of doing the kit. This will also mean that law enforcement will speak with the patient and write a report that is connected with the kit.

Option B- Health care provider reports

The patient is allowing the health care providers to talk to law enforcement and starting a report when HPC hands over the evidence collection kit. Patient will not speak to law enforcement at this time but law enforcement might reach out in a later time.

Option C- No report

The patient is choosing to NOT REPORT TO LAW ENFORCEMENT OR PARTICIPATE in the investigation. This is consent to store and collect the kit. This means it will not be submitted to the lab for testing. The patient can change their mind and make a report later on.

The patient has 10 years to report

If assault happened after 2019, the patient can report at any time.

NEUROBIOLOGY OF TRAUMA

- After a person experiences a trauma, the prefrontal cortex is impacted greatly and can shut down, meaning that the survivor cannot think straight, due to the rational thinking brain being shut down during the time immediately after trauma and incidents that bring up that trauma for a survivor.

- Survivors may also experience flight, fight, and freeze symptoms such as tonic immobility or collapsed immobility.

- Survivors may experience loss of emotional regulation, inability to process the event as over but as something that is still continuing while being treated at the hospital.

Survivors may also experience panic attacks or anxiety attacks during this time, all of these behaviors are common experiences for people going through trauma and should be treated as such

SASETA

The Sexual Assault Survivors Emergency Treatment Act

- Patients are legally required to get a room immediately or a private waiting area while awaiting to be seen by a SANE.

- Kits are legally required to be offered to survivors for 7 days after the assault, anyone of any age can consent to the Kit, please keep in mind that 13 year olds can consent or deny consent without parental approval.

- Kits have many stages of consent, the person receiving the kit must consent to it and then consent to every step. The patient does not need to complete every step, only the ones that they want to. The patient must also consent to share the kit with law enforcement, the patient has 10 years to do so. Please ensure the survivor receives their K # for tracking.

- Medications must be available for a survivor, including but not limited to: Plan B, STI Preventative Antibiotics, Prophylaxis deemed appropriate by the attending physician

- The hospital must give the patient a referral to a provider for emotional wellness that practices confidentiality
- The patient should never receive a bill for any services provided in the ER as an outpatient. This includes all bills related to a hospital or health care professional furnishing hospital emergency and/or forensic services, an ambulance provider furnishing transportation to a sexual assault survivor, a hospital, health care professional or laboratory providing follow-up healthcare or a pharmacy dispensing prescribed medications to any sexual assault survivor.
- A patient is also eligible for up to 90 days of free follow-up care after their emergency room visit if they return to the hospital emergency room or by utilizing the sexual assault emergency treatment program ‘voucher’. Hospitals must issue a sexual assault emergency treatment program ‘voucher’ to patients treated for sexual assault and/or abuse upon discharge

Victim Blaming 101

Victim blaming occurs when the victim of a crime or any wrongful act, is held entirely or partially at fault for the harm that befell on them. This can be seen as hateful or unsupportive words.

Blaming the victim makes it much more difficult for that person to come forward and report the assault. Victim blaming can also reinforce predator-like attitudes. It would allow predators to avoid being held accountable for the crimes and assaults they commit.

This can also lead to increased and unnecessary suffering for the survivor. It may increase emotions such as shame and guilt, or toxic self-blame. Let's support survivors- not make them suffer more.

A great way to avoid victim blaming is being aware of phrases that may be viewed as unsupportive, such as:

·What were you were? Or why were you wearing those clothes out?

·How hard did you try to stop it?

·You must've sent mixed signals then.

Instead, let's try to use positive language:

·I believe you.

·You are doing a great job/ You are doing the best you can right now, and that is enough

·You are so strong and brave for coming forward

If you do not have anything positive to say, listening to a survivor is also a great way to show support!