

Information about using this Protocol

In May 2002, the New York State Department of Health issued the revised *Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault*. The revised *Protocol* reflects a more comprehensive view of patient care, one that changes the focus from determining the validity of the patient's claim of rape to the provision of standardized, consistent health care, along with the proper collection and preservation of forensic evidence. The new release of the *Protocol* reflects updates to the standards, including revised requirements for emergency contraception, information about the Forensic Payment Act and HIV post-exposure prophylaxis.

The *Protocol* has been developed to assist health care providers in minimizing the physical and psychological trauma to victims of sexual assault, by ensuring appropriate and consistent treatment in hospital emergency departments. The *Protocol* also facilitates the proper collection and preservation of physical evidence for potential use in the criminal justice system, if there are subsequent legal proceedings. This document includes requirements that are legislatively mandated and set forth in regulation, as well as care that is considered optimum, or "best practice," by experts and practitioners from the various disciplines involved in the care of the patient and the prosecution of the crime.

This document is presented as a guide for the minimum standard of care that a patient reporting sexual assault should receive, taking into consideration current knowledge, equipment, and professional practice. What is considered "standard" in health care is constantly evolving. Standard practice is influenced by advancing technology, published research findings, recommendations promulgated by professional organizations, and current law. Health care professionals serving as examiners are encouraged to supplement information provided here by participating in professional continuing education, reviewing professional literature, and seeking current practice information from their professional associations.

Individuals who have been raped or sexually assaulted may seek care from a variety of health care providers, including hospitals, a primary care provider, gynecologist, or local sexually transmitted disease clinic. **It is most advantageous for all victims of sexual assault to seek health care treatment and evidence collection from a hospital emergency department.** Emergency departments are required to establish and implement policies and procedures for the treatment of rape victims; have procedures in place for contacting rape victim advocates; and, collect and maintain forensic evidence utilizing the New York State standardized evidence collection kits and procedures, including second kits for suspected drug-facilitated rape incidents, when appropriate.

Other providers may offer the necessary health care and evidentiary exam, if they are familiar with the special needs of sexual assault victims; have a sexual offense evidence collection kit and other forensic equipment available; and, are able to ensure access to prophylaxis, and prophylaxis against pregnancy resulting from sexual assault (also known as "emergency contraception" or "the morning after pill"), as needed. When the above expertise, equipment, and medications are not available, the health care provider should refer the patient for comprehensive care at a local emergency department.

Information about using this Protocol

"Rape" and "assault" are legal terms. Providing consistent, comprehensive care and evidence collection must rely on the *patient* reporting that she has been sexually assaulted, rather than the emergency department staff's analysis of the patient's allegations, and whether these allegations constitute assault or rape. **The approach to the patient and subsequent care should be "as if" the patient has been sexually assaulted.**

Section 2805-i of the Public Health Law (see Appendix A) states that sexual assault evidence shall be collected, unless the patient signs a statement directing the hospital not to collect it (for a sample form to be used when the patient directs the hospital not to collect evidence, see Appendix B). **However, reporting sexual assault to a health care provider and consenting to evidence collection does not imply or assume that the patient will report to law enforcement officials.** It simply means that all patients who report sexual assault to a health care provider should receive specific treatment. This document should guide that treatment.

Terminology used in this document should be noted. The person providing care is referred to as "the examiner." An examiner may be a currently licensed or credentialed physician, physician assistant (PA), registered professional nurse, or a nurse practitioner, and may or may not be a sexual assault forensic examiner (a health care professional with extensive specialized training, knowledge, and experience regarding sexual assault care). The term "victim," as opposed to "survivor," is used in this document, since most patients receiving *acute* care for sexual assault are in a state of crisis, and are not yet re-empowered. Throughout this document, the person receiving care is generally referred to as "the patient." To simplify the wording of the text, the patient is referred to with the pronoun "she." The care for male and female patients is comparable, except where noted.

The information in this document is applicable to adult patients reporting sexual assault.

For more information about sexual assault and sexual assault care contact the New York State Department of Health Rape Crisis Program at (518) 474-3664 or via e-mail at BWH@health.state.ny.us. The protocol may also be accessed through the Department's web site at www.health.state.ny.us/nysdoh/sexual-assault/index.htm.