



Medical Advocacy State Assessment Summary 2013

WCSAP chose to prioritize gathering information about sexual assault medical practices because we have heard that these practices vary significantly from county to county, and we are continually working to improve and enhance the medical response to survivors.

WCSAP gathered information through extensive research, attending training, and conducting interviews with system professionals, including: Washington State Crime Victims Compensation Program, Washington State Crime Lab, Harborview Center for Sexual Assault and Traumatic Stress, the International Association of Forensic Nurses, the Washington Association of Prosecuting Attorneys, and the Sexual Violence Law Center. WCSAP also gathered information from member programs during over twenty program site visits and through responding to technical assistance requests.

In January and February 2013, WCSAP conducted a survey of Washington State sexual assault advocacy program staff and medical providers. The purpose of the survey was to collect information about medical advocacy practices, system coordination, and access to sexual assault forensic exams across the state.

Below is a summary of selected results, which highlight promising practices and the most pertinent issues using data and relevant quotes from survey respondents.

Respondents:

- 76 people took at least a portion of the survey
- Five or more respondents from each region in the state
- Respondents were: advocates, executive directors, sexual assault program managers, SANEs, and other professionals working in the field

Topic Areas:

Adult Survivor Sexual Assault Forensic Examinations

- Access to quality sexual assault forensic examinations continues to be an issue
 - Over 13% of respondents reported that an adult survivor could not obtain an exam in their county.

- About 30% of respondents reported that the person who performs the adult exam is not a SANE or SAFE.
- Over 50% of respondents were not sure if the person who performs the exam follows a particular protocol (e.g., Harborview, IAFN).
- "I have concerns that some Emergency Rooms do not have the ability to care for victims of violence by trained providers."
- Forensic compliance
 - Although most respondents reported that the exam is offered free of charge to survivors (83.9%), about 3% said "no" and about 13% were unsure.
 - "[Law enforcement] is usually contacted by the hospital. This has caused some issues with the victim[s] and their rights. The hospital and local LE [are] confused about victim rights in this regard."
 - "Sometimes we are hearing that if [it is] an adult survivor the SANE won't do exam unless they cooperate with law enforcement. We are trying to follow-up on this."
 - Disconcertingly, only two thirds (66.1%) of respondents were sure that their hospital submits a claim for the exam directly to the state Crime Victims Compensation (CVC) fund, as required by WAC 296-30-170.
- Advocacy at the exam
 - Advocate presence at forensic exams is not consistent due to system coordination issues. Issues in this area ranged from an advocate not being called at all, to an advocate not being called in a timely manner, to an advocate being presented to the survivor as optional and only being called if the survivor asks for one.
 - Advocates play an important role in upholding victim rights in regards to the choice to engage with law enforcement: "The advocate explains the options to the survivor, asks what they want to do, and complies with their wishes."
 - From a medical provider, "Advocates are such a support to the patient. They can take the challenge of remaining neutral away from the forensic nurse. They can help the patient set up appointments, complete their CVC forms. I really wish they were provided for every SA patient in [our] county."

Child Survivor Sexual Assault Forensic Examinations

- Access to the forensic exam
 - About 70% of respondents reported that there were medical providers in their county that could perform a child forensic exam.
 - There were a wide range of responses to the question of what age a minor survivor could independently consent to a forensic examination (12 years to 17 years) and many respondents were unsure.

- Most respondents (62.3%) were also unsure about whether the exam and associated records would be kept confidential from a child's parent if the child independently consented to the exam.
- Location of the exam
 - Most forensic examinations for children under the age of 13 take place at a hospital or Child Advocacy Center.

System Coordination

- Survey respondents expressed a need for increased effective system partnerships and collaborative work with key stakeholders.
- Only 60% of respondents reported that their county had a protocol outlining an adult survivor's reporting options, the chain of evidence, and evidence storage
 - "Very little collaboration among service providers responding to adult sexual assault. Due to lack of clear protocol, wait times for survivors at the hospital can be really long."
- The amount of time a kit will be stored to allow a survivor to make a decision about reporting varies widely across the state.
- About 35% of respondents reported that their county does not offer survivors the option to collect evidence anonymously (e.g., attaching a number rather than a name to the rape kit).
 - "Our biggest concern is getting rape exams done and kits stored if [they are] Jane Doe kits. Seems no one really fully understands this and who is supposed to store. Hospital will not. [Law enforcement is] not sure what to do with them so [they] put them in evidence but [I] wonder if they are able to be found if needed."

Ongoing Medical Advocacy

- Most respondents (77.1%) reported that their program offers accompaniment to follow-up medical appointments related to the sexual assault forensic exam.
- A large majority of programs discuss ongoing medical needs/issues with survivors, including physical health (89.6%), mental health (93.8%), reproductive health (77.1%), and reproductive coercion (62.5%).
- About 60% of respondents also discuss future medical/health care related triggers with survivors and offer accompaniment to medical appointments that are not related to the sexual assault forensic exam for support with these triggers.
 - "Yes. We especially hear dental care traumatic stories from survivors and pelvic exams. I always try and go over such triggers and...brainstorm overcoming their fears."

Crime Victims Compensation (CVC)

- Most respondents (81.3%) assist survivors with getting CVC claims processed for follow-up medical care.
- About 13% of respondents reported issues with the CVC claim process and one third of respondents reported difficulty with CVC accepting or paying out claims.
- "Sometimes needs advocacy to get [it]. Rules change all the time it seems."

Reproductive Health Advocacy

- Crisis Pregnancy Centers (CPCs)
 - About 60% of respondents have CPCs in their community and some respondents are interacting with or partnering with CPCs.
 - Some respondents are also educating survivors about the services CPCs do and do not provide (e.g., that many are not health care providers).
- Emergency Contraception (EC)
 - A large majority (91.1%) of respondents help survivors access emergency contraception but only about 58% reported that there were no difficulties with access.
 - Unfortunately, about three quarters of respondents reported that their program does not screen for EC needs.
 - About three quarters of respondents reported that there is a place in their county where survivors can get EC that is low/no-cost/sliding scale
 - About one quarter of respondents' programs dispense EC to survivors themselves, upon request.
- Over half of respondents (60%) reported that there are abortion providers in their community and slightly less offer accompaniment to abortion appointments (48.9%).

Conclusion:

Survey respondents reported many promising practices in the area of medical advocacy, particularly with ongoing medical advocacy and reproductive health advocacy practices.

However, there is still work to do. The primary areas for growth that have been identified are: system coordination and forensic compliance in regard to adult sexual assault forensic exams, access to trained sexual assault exam providers for child and adult exams, and access to emergency contraception.

Some specific recommendations for future work include:

- Ensuring access to a specially trained, trauma-informed examiner in the victim's county.
- Increasing effective system partnerships and working more collaboratively with key stakeholders.
- Sharing of best practices and protocols/MOUs between key organizations.

- Development of effective multidisciplinary protocols for responding to adult sexual assault.
- Ensuring that forensic exam providers submit claims for exam payment directly to CVC.
- Education about teen victims' rights in regard to consent to the exam and confidentiality about the exam and exam records.
- Education about and ensuring access to emergency contraception for adults and minors.

This assessment and the survey results will help WCSAP guide future activities in the area of medical advocacy in the form of training, collaboration, resource development, and system advocacy.