



WOODSTOCK HOSPITAL

Department/Category	Nursing - General			
Policy Name/ Unit Number	Abuse – Sexually Assaulted Patient - Unit 5			
Location	Clinical Practice Manual			
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Signature (if applicable)				
Document Owner Staff Development	Original Date January 1988	Reviewed Date January 2020	Revision Date March 2020	Page 1 of 7

Purpose:

To assist healthcare providers in the provision of comprehensive, consistent care to the victim of sexual assault or suspected sexual assault.

Supportive Data:

Sexual assault occurs more often than what is reported. We know that of every 100 incidents of sexual assault, only 6 are reported to the police, and 1 in 4 North American women will be sexually assaulted during their lifetime. Assault is a crime. Help is often sought between 10 pm and 5 am. The victim is often frightened, humiliated and has experienced a deeply traumatic emotional experience. Recognizing and meeting the victim’s medical and psychological needs and subsequent referral to community resources for assistance are the primary care objectives for the nurse.

Definition:

Sexual assault is defined as any form of sexual activity with another person without their consent. There are many forms of sexual assault, including forced kissing, grabbing, fondling, sexual harassment, and attempted or completed rape (vaginal, oral, or anal penetration by a sex organ, other body part, or foreign object).

Sexual assault is a crime of violence. It is not an act of sexual gratification. It is a means of communicating rage and exerting power over another person.



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Practice Guideline:

Patient may present as obvious abuse and openly admit abuse. In other cases, the assault may remain hidden and injuries and effects minimized by the patient. Detection requires a high incidence of suspicion and careful non-judgemental, non-threatening history taking. The Regional Sexual Assault and Domestic Violence (SADV) Treatment Centre at St. Joseph's Hospital in London should be contacted by the clinician in all cases of sexual assault including admitted patients, outpatients and emergency patients. SADV can provide emotional support, crisis intervention, physical exam, documentation/photographs of injuries, forensic evidence collection, pregnancy prevention, sexually transmitted infection testing and treatment, risk assessment, safety planning, referrals and follow up counselling.

It is important to note that Woodstock Hospital does NOT collect Sexual Assault Evidence Kits.

The SADV nurse will provide expert plan of care and guidance to the clinician. Other referral services such as Woodstock Hospital Crisis team and CMHA should be considered at this time depending on the needs of the patient.

1. Arrange for immediate treatment of physical injuries if patient wishes; medical clearance is of utmost importance
2. When possible, interview the patient alone in a private setting (quiet room, closed area). Use a non-judgemental approach and open-ended questions.
3. Convey to the patient that he/she is not responsible for the assault, and has the right to be safe, and include in the interview questions about:
 - a. Level of immediate danger
 - b. Type(s) and duration of assault
 - c. Fear of pregnancy, STI's
 - d. Options available
 - e. Family/living situation, and
 - f. Personal and financial resource
4. Complete a nursing assessment and history in a careful, considerate, non-threatening approach. History taking may be crucial in these instances in that isolated abusive episodes may not reflect the true magnitude of the problem or the danger that exists. Include inquiries as to the location of other family members and the possibility of being at risk.
5. All patients that disclose sexual abuse should be asked if they would like to have the police involved. Even if the patient declines police involvement, evidence collection can take place up to 12 days after an assault and stored for up to a year. Contact the SADV team before making evidence collection decisions. Staff may NOT relay sexual assault disclosures to the police unless the patient has given express consent



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If the patient consents to a referral to the SADV center;

1. Call the SADV on call nurse at the regional SADV as soon as possible (519 646 6100 ext. 64224) for the sexual assault and domestic violence in-house nurse. The SADV nurse will provide WH staff with information including options for follow-up, evidence collection and treatment. They may ask to speak with the patient on the phone if the patient is agreeable
2. After discussion between the SADV nurse and the patient, WH staff may be asked to assist in evidence collection in a limited role. This may include first void urine or clothing collection if the patient is still wearing the clothes that they were assaulted in. All evidence collection decision or instructions will come from the SADV nurse or police (if appropriate)
 - a) If first void urine is requested and the patient has not voided since the assault have them place the toilet paper used after their first void into a sterile orange top container marked 'toilet paper from first void' (if appropriate) and place in paper bag
 - b) If clothing collection is requested have the patient place each item in a separate paper bag
3. After medical clearance, the SADV clinician may request the patient to attend the SADV center in person; aid in facilitating transport will be provided by Woodstock Hospital staff
4. If the patient declines SADV referral explore options with the patient and provide information on appropriate resources and follow up in a manner and form which does not increase the risk of assault to the patient. The SADV nurse should still be used as a clinical resource for staff even if a direct referral is declined
5. Ensure that the patient has appropriate discharge information as well as a list of referral resources prior to discharge
6. Advise patient that although the information remains confidential, it will be documented in the medical record

Documentation Guidelines:

Document on the patient's health record: the interview, physical injuries, emotional, behavioural and psychological responses, details of the assault, response to the interview, the treatment, care provided and follow-up.

Documentation of assessment, comments and treatment rendered may be crucial to the patient's future emotional well-being if criminal proceedings result.

Ensure that the decision on which options to choose, if any, rests with the patient and that the patient is not denied services, should he or she remain in an abusive situation.

Refer to attached appendix a for Community Resources.



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APPENDIX A: Community Resources

REFERRAL RESOURCES

DASO (24 hour crisis/information/help line):

519- 539-4811 or 1-800-265-1938 or text (519)-788-9993

Social Service Department	519-539-9800 & 1-800-265-1015
Children's Aid	519-539-6176 & 1-800-250-7010
SW Public Health	519-421-9901 OR 1-800-922-0096
Al-Anon (relatives/friends)	519-457-9393
Alcoholics Anonymous	519-438-1122
City Police	519 - 537-2323
OPP	1-888-310-1122
Legal Aid	519-539-2381
Telehealth	1-866-797-0000
Sexual Assault Centre London	24-hour crisis and support line
English and French:	519-438-2272 OR 1-877-529-2272

St. Joseph's Health Centre of London

Sexual Assault/Domestic Violence Treatment Centre

268 Grosvenor Street

London, Ontario N6A 4V2

Telephone:

519-646-6100 ext 64224

Fax: 519-646-6243



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Reference:	1) ONA, RNAO January/February 2014, The Toronto Hospital, 1999 2) Ontario Network of Sexual Assault/Domestic Violence Treatment Centres. Accessed on 13 November 2019 at https://www.sadvreatmentcentres.ca/defining-abuse.html 3) OHA Hospital Guidelines for the Treatment of Persons Who Have Been Sexually Assaulted. Accessed on 20 November 2019 at https://www.oha.com/Legislative%20and%20Legal%20Issues%20Documents1/Hospital%20Guidelines%20for%20the%20Treatment%20of%20Persons%20Who%20Have%20Been%20Sexually%20Assaulted,%20Third%20Edition.pdf
Cross Reference:	