

Important Information on time windows relating to Sexual Assault care

Although an individual is entitled and encouraged to seek medical or mental health counseling at any time, some aspects of care are best obtained soon after the actual incident.

- HIV PEP (post exposure medications given to lessen chance of infection of hiv) are offered to the patient if he/she is seen in the ED within 72 hours of the assault
- A complete EVIDENCE COLLECTION KIT is offered if the individual is seen within 96 hours of the assault
- A Drug Facilitated Sexual Assault Kit, or DFSA, (which consists of blood and urine samples which will be tested along with the evidence kit – by the police lab, not the hospital - for evidence of any type of “date rape drug”) is offered if the individual is seen within 96 hours of the assault
- The “Morning After Pill”, or PLAN B is offered if the individual is seen within 5 days of the assault (optimally within 72 hours)
- The Sexual Assault Evidence Kit and the Drug Facilitated Sexual Assault Evidence Kit will be kept securely locked in the security department of the hospital if the patient wishes to have evidence collected but is not sure yet about reporting the incident to the police. The kit will be kept automatically for 20 years. The kit will not be released to any authorities without her or his consent.

DATE RAPE DRUGS:

IMPLICATIONS FOR THE RAPE EXAM AND FOR THE PATIENT'S EMOTIONAL RECOVERY

The exam and the criminal case

- It is very difficult to detect drugs in the patient's system - they leave the body quickly.
- The kit of urine and blood samples is ONLY analyzed by the crime lab if there is a police case. And even then, there is a back-log of kits waiting to be analyzed-it can take several weeks or even months. Can be difficult to push through cases in legal system because alcohol and/or recreational drugs may also have been used

The aftermath & healing process

- The patient is left with so many uncertainties
- Blackouts, splotchy memory , "snapshot" memories, or flashbacks
- It is very difficult to heal and move forward without a clear sense of WHAT happened, and HOW it happened.

- Elements of self-blame, self-doubt may surface despite believing “it was not my fault”
- One feels a sense of betrayal, and loss of trust that someone did this to them in a planned, manipulative way
- Very tough to feel a sense of closure with so many un-answerable questions These questions and “un-knowables” become part of the therapy

What a patient can expect during a Visit to the Emergency Department for Sexual Assault Care

Registration - the registration desk is at the front of the main ED> The ED entrance is on 16th street between 1st and 2nd avenue - you walk up the ED ramp and go to your left for the sign in window, where you provide basic info, D.O.B, and reason for visit.

Waiting Area – The main waiting area may be crowded, depending on how full ED is - staff will try to bring patient to a private area as soon as one is available. The social worker will also try to assist with moving patient quickly to a treatment room if possible.

Triage Nurse – The triage nurse will meet with pt in a private space where the nurse will check vitals and hear patient's initial needs.

The Exam Room - a patient will then be brought to the SAFE room, which is a private room especially designed for the sexual assault exam. It has a private bathroom and GYN table, like at the doctor's office.

The Social Worker and/or Rape Crisis Advocate - will be available to offer support & info, advocacy with police interview

The RN and the SAFE examiner - The nurse will be available throughout the visit and the safe examiner may not arrive until an hour later - this is because someone specially trained for these cases is coming just for this patient

The NYPD and Special Victims Detectives - will be called to the ED ONLY WITH THE PATIENTS CONSENT. The police are never contacted unless the patient wants to make a report. The exceptions are if there is a gunshot wound or knife wound - in these cases we are mandated to report.

NY State Crime Victims Board - Will cover the visit to the ER and as a payer of last resort will cover follow up medications (hiv post exposure meds)

The Evidence Kit - a small box used to contain specimens for DNA testing, etc - only to be done by NYPD crime lab, not by the hospital. The patient has a right to refuse any or all of the kit, or to only have a medical exam without the kit. Everything done is the

patient's choice. Nothing is “mandatory”. (The only exception is that in order for OVS to pay for the visit labs must be drawn, at least a urine sample).

The DFSA Kit - (Drug Facilitated sexual Assault) - is another, smaller, box that is used to collect urine and blood to be tested to see about any "date rape drugs" other recreational drugs will likely be found as well. This kit, like the evidence kit, is only analyzed if the patient files a report and the police pick up the kit. THE HOSPITAL DOES NOT DO DRUG OR ALCOHOL TESTING.

The Basic Pelvic exam - This is part of evidence collection, but can be provided even if pt declines the evidence collection. The examiner will check for any tears, bruising or irritation, and will take photos if indicated, only with patients consent. Medications are offered, such as morning after pill and post exposure meds to prevent any chance of infection.

Discharge Papers – the patient will eventually be discharged by the nurse or physician and will be given materials on our Beth Israel Victim Services Program, OVS, and medical follow up. We always try to have an accurate number to reach the patient, and ask for their consent to provide a follow up call within the next three days.

Follow Up Care - Going to the clinic two days later for tests, medications, follow up support, and meeting with, or talking by phone with the Victim Services staff to offer counseling, advocacy, and whatever else the patient may need.