Enhancing Multidisciplinary Sexual Assault Services in Alberta

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The Problem

• Only 10% victims report to police, 30% seek health care
• Sexual assault victims report incomplete, delayed services & staff inexperience
• Professionals report discomfort with procedures esp evidence collection
• Staffing and resources limited in smaller regions (SANEs not an option)
• Prosecution rates in Canada are 1.2%, documentation & evidence inconsistent
• 50-60% of victims get PTSD esp if secondary victimization
Secondary Victimization

- **Secondary victimization = worsening trauma effects, stress**
  - Shaming, blaming or making feel guilty
  - Delays in receiving care
  - Disbelief
  - Repeating history of events multiple times

- **Increased stress associated with**
  - More PTSD, depression, suicide
  - Greater chronic health problems (e.g. cancer, autoimmune disorders,)
  - Higher risks of revictimization (other assaults)
  - Significantly greater health care utilization
  - Less likely to remain in legal system
  - More problems with memory
Meeting of the Minds

• Used knowledge translation principles

• Met with stakeholders and key knowledge users in two provinces (PEI, AB)
  • Police
  • EMS
  • Victim Services
  • Counseling agencies
  • Pastoral Services
  • Nurses
  • Physicians
  • Crown prosecutors
  • Government officials/policy makers
  • RCMP Forensic laboratory
  • Funders
    • Association of Alberta Sexual Assault Services, Status of Women Canada, Government of PEI, Alberta Rural Development Network, Pyramid Productions
Finding a Solution Together

• Multidisciplinary planning
  • Identification of key issues
  • Review of best practices
  • Discussion of strengths
  • Problem solving for barriers
  • Identified unique solutions for each community
    • How to form advisory teams/composition
    • Areas of focus for change (e.g. how to provide services, who, anonymous kits)
    • Necessary training and preferred format (online, onsite, both)
    • Involvement of key decision makers, policy makers and change agents
Setting Up Evaluation Plan

• Focus groups in each community & support for advisory/working groups
• Pre-surveys of knowledge
• Training (4 hrs onsite and online for those who could not attend)
• Post survey (1 month, 3 months)
• Focus groups (3 months)
Increasing Capacity

- Website
- Training
  - Onsite
  - Online for those who could not attend/turnover of staff
- checklist
- Documentation
- Support video
- Online support
- Reference ruler for injuries (BALD STEP)
Principles of Training

• Trauma informed practice
  • Understanding effects of trauma, commitment from all levels of organization

• Multidisciplinary collaboration
  • Shared training – in-depth for direct providers, executive summary for managers
  • Advisory team with decision makers (SART)
  • Collaborative services enhancing existing skills (RN and MD share exam) and minimizing duplication
  • Outreach – linkages with experts in nearby communities
  • Commitment to ongoing recertification/retraining
Identify evidence informed practices &
Consult with RCMP Laboratory
Training Modules

• **Eight Modules (30 min each)** – all direct providers take all modules. Included key issues and concerns and examples cross-discipline:
  - Trauma informed approach, sexual assault myths & realities
  - Psychological effects & secondary victimization
  - Triage and informed consent
  - History and interviewing
  - Injury identification & BALD STEP guide to documentation
  - Physical (head to toe) exam and evidence
  - Genital exam and evidence
  - Interventions and discharge planning

• **Executive summary (1 hr video)** for managers and non-direct providers
Reference Ruler with BALD STEP
### Checklist: Revised RCMP Sexual Assault Evidence Kit

**C. Carter (Snr.), RN, PO, SANE-A, Forensic Nurse Educator, ccarterr@forensiceducation.ca**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Procedure</th>
<th>Done by</th>
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<tbody>
<tr>
<td><strong>Primary survey</strong></td>
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<tr>
<td>Trauma considerations (see CEN protocol): usually 1 hr, &lt;3 hr if MED:</td>
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<td>Immediate threats to airway, breathing, circulation or neurological function</td>
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<td>RN or MS/SAFE</td>
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<td>Scalpel laceration or recent attempts, psychological distress or immediate safety concerns</td>
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<td>See if they want a support person (Family/Friend/Attorney services)</td>
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<td>Place in private area ASAP with support person if desired</td>
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<td>Provide positive support and acknowledgement</td>
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<td>Contact personnel to discuss options/combat exam &amp; treatment</td>
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<td>Keep dressed until ready to examine unless MAI认定</td>
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<td><strong>Triage tests if appropriate</strong></td>
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<tr>
<td>Final triage: Was there oral penetration in last 24 hours? If yes, obtain new swabs along vaginal/vulval &amp; anal sites (hold together then place in separate container). Secure swabs until they can add to evidence kit</td>
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<td>RN or MS/SAFE</td>
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<tr>
<td>If need to urinate: If there was potential vaginal penetration ask not to wipe or flush urine into paper bag to include with evidence kit. Secure and save urine for testing if needed</td>
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<td><strong>DNA/Tox: Dried saliva/penile swab</strong>: for signs of DFA (e.g., sudden incidence, amnesia, loss of consciousness, excitement, gagging) take radiology (blood and urine ASAP and store securely at room temperature to send with evidence):</td>
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<td>RN or MS/SAFE</td>
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<td>2g gram top tube 70% isopropyl alcohol</td>
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<td>A urine in toxicology (B/C) with preservative or plain urine C &amp; S container</td>
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<td>Take either: (1) tests at same time (finger stick blood, blood alcohol, Hgb, Hct, urinalysis, cell count, glucose, HIV, Hep B, AV, Hep C, urine/DNA analysis, gonorrhea and any other blood and urine anticipated for care e.g. CRF blood test)</td>
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<td><strong>Consent</strong></td>
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<td>Explain health options and risks and allow time for them to think about which they desire (if any). Men can consent without parents in many provinces (check local guidelines) but they should be able to understand/explain including refusal to notify parents. Parents cannot countermand. Ensure Informed consent for:</td>
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<td>HRT to be physical examination for effects of sexual assault (SA)</td>
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<td>Genital examination for effects of SA</td>
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<td>Evidence collection (I have anonymous kit storage option)</td>
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<td>Option to notify public which may include evidence kit collection. Mandatory reporting only for:</td>
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<td>Sexual assault by family/authority</td>
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<td>assault by in-law (S2-DV=2 arc, S4-DV=5 yrs)</td>
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<td>persons assaulted in public institutions (e.g. nursing home, prison)</td>
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<td>Gunshot wounds must be reported in all 5 provinces &amp; tribal councils in same provinces</td>
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<td>Obtaining blood and urine for baseline sexually transmitted infections (STI) levels, pregnancy (Include HIV testing notification)</td>
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<td>Provision of medications to prevent common STIs and pregnancy</td>
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<td>Photography if applicable</td>
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<td>Use consent forms and documentation in kit</td>
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<td>Use label on kit – place number label on chart and on kit as well as evidence as collected</td>
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Refresher Video
Post-Evaluation

• Implementation complete in 5 Alberta communities
• Focus groups and planning complete in PEI, training summer 2016
• Results in AB
  • Strengths
    • Uniform language with widespread training
    • Increased confidence and knowledge
    • Knowing the champions
    • Seeing some changes already in service
  • Areas to improve
    • Turnover
    • Maintenance of resources
    • Communication to public (linking with clients)
Conclusion

• Multidisciplinary practice requires:
  • Willingness to collaborate with other disciplines
  • Shared understanding of roles and “buy-in” (can see self in information)
  • Administrative/policy support to support changes in practice
  • Evidence informed guidelines from multiple perspectives
  • Involvement of stakeholders and knowledge users throughout
References