

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.3:	Sexual Assault
Governing Body Approval::	April 30, 2018
Revised:	

PURPOSE: This procedure intends to inform hospital staff regarding identification, evaluation, initial treatment, and referral and reporting of possible victims of sexual assault on admission and throughout the patient's hospitalization. Clinical staff at Whiting Forensic Hospital (WFH) are responsible for assessing each patient on admission in order to provide good clinical care. In the course of this assessment, staff may identify possible victims of sexual abuse. Ongoing assessments are also conducted to identify sexual abuse which may have occurred during the course of hospitalization.

SCOPE: All Clinical Staff

Definition:

Sexual Assault - is a sexual act committed without the victim's consent or when the victim is unable to consent (drugged, unconscious, intoxicated or incompetent).

PROCEDURE:

I. Immediate Response

- A. Any staff who discovers or receives a report that a patient has been a possible victim of sexual assault follows the steps below.
 - 1. Respond to the alleged victim's needs.
 - a. Provide immediate first aid treatment for any injuries sustained during the

assault, if treatment is necessary.

- b. Act in a manner that preserves dignity and privacy.
- c. Secure the scene of the alleged assault (i.e., lock the door).
- d. Use caution not to damage, mark, destroy or contaminate any physical evidence. Take appropriate measures to safeguard the preservation of available evidence. Movement in the isolated area should be restricted to preserve essential physical evidence such as fingerprints, footprints, hair fibers, blood stains and semen.
- e. Provide therapeutic intervention; give assurance of safety.
- f. Advise the patient not to douche, bathe or wash or change clothing until the patient has been examined by the medical services provider or Night-Duty Physician, and the Emergency Department Physician (if the patient requires a forensic medical assessment and also explain the reasons for this instruction to the patient.)

B. When the alleged assailant is also a patient, WFH staff will:

- a. Restrict the alleged assailant to the unit pending collaborative assessment by the Attending Psychiatrist and the WFH Agency Police, regarding patient management and safety/public welfare concerns. (See Operational Procedure 1.15 Arrest of Patients at Whiting Forensic Hospital)
- b. Do not allow the alleged assailant to wash, shower, or change clothes, unless such actions are inappropriate because of the circumstances surrounding the assault, (e.g. more than 36 hours since assault); and
- c. Provide therapeutic intervention.

II. The staff person who witnessed or received the report on the incident immediately reports the sexual assault to the Head Nurse/designee.

III. The Head Nurse/designee immediately notifies the:

- A. Attending Psychiatrist or the Night-Duty Physician;
- B. Supervising Nurse/Unit Director;
- C. WFH Agency Police; and
- D. Conservator, if applicable

The Supervising Nurse/Unit Director or designee *immediately* notifies the CEO.

IV. If the alleged assailant is a WFH employee, notify the Director of Labor Relations immediately. Complete a Work Rule Violation form (MHAS-20) and obtain written statements from witnesses and persons involved in the incident. The author signs and dates each statement.

- V. *Immediately* transmit the MHAS-20 Form to the Director of Labor Relations (See Operational Procedure 8.34 Investigation of Alleged Violations of DMHAS Policies, Procedures, Regulations or Work Rules).

- VI. The Supervising Nurse/Unit Director or designee is responsible for *immediately* notifying the CEO, as sexual assault is considered a critical incident. The Supervising Nurse/Unit Director also ensures that the DMHAS Critical Incident Report is completed and transmitted to the CEO within 24 hours of the incident (Operational Procedure 5.8 Patient Safety Event and Incident Management).

- VII. The Supervising Nurse/Unit Director conducts an interview with the victim in accordance with the guidelines below to ascertain what happened:
 - A. Before conducting an interview, ask the alleged victim/patient:
 - 1. for his/her voluntary cooperation in an interview;
 - 2. if he/she would like any other individual present during the interview(s), e.g. specific clinical staff member, family member, or significant other; and
 - 3. if an interviewer of a different gender is preferred.

Note: Every effort should be made to accommodate the victim's requests.

- B. Provide a private area for conducting the interview(s).
- C. Interviews involve only one (1) interviewer with the victim at a time with appropriate support staff.
- D. Inquiries/questions are presented in a manner that encourages open conversation/dialogue.

IX. Clinical Assessment

- A. A clinical assessment of the alleged victim is conducted by the Attending Psychiatrist or covering Physician to determine the need for further investigation, medical evaluation and treatment (See *Appendix A, Criteria for Identification of Sexual Abuse*). When further action is warranted, follow the steps listed below.
 - 1. Immediately notify the Infection Control Practitioner (ICP) or the on-call Physician through the Hospital Switchboard after hours, so that the Infection Prevention

Policy for Management of a Significant Exposure to Blood (assessment for possible exposure to Hepatitis B, Hepatitis C, and HIV) can be followed, including baseline serological testing. (See Infection Prevention Manual, Section II-E, Bloodborne Pathogens Standard (BBPS)).

2. Encourage the alleged victim to go to the Emergency Department and inform him/her of the reasons for doing so, i.e., to take care of physical health needs and collect physical evidence, provided the reported sexual assault occurred within the last 36 hours.
3. If the time elapsed is greater than 36 hours and/or the alleged victim refuses to go to the Emergency Department, attempt to administer any indicated treatment.
4. Encourage the alleged victim to talk to the WFH Agency Police and inform him/her of the reasons for doing so, i.e., successful investigation and prosecution of the assailant(s) which is dependent on prompt reporting of the offense and accurate and thorough collection of evidence; obtaining information concerning legal rights and options and the investigation process.
5. The Attending Psychiatrist or covering Physician meets with the investigating officer to discuss whether or not further investigation is warranted and if the alleged victim's condition precludes any immediate attempt to interview him/her, especially before being transferred to the Emergency Department.
6. The Attending Psychiatrist or covering Physician documents the occurrence of the incident and all interventions in the victim's medical record.

X. Agency Police Investigation

- A. Upon arrival, the investigating officer determines probable cause or reasonable suspicion consistent with standard investigative policy and procedure. The officer is cognizant of the following guidelines:
 1. It is essential that the investigating officer maintain a victim-oriented attitude: caring, thorough, understanding and compassionate.
 - a. The alleged victim should be reassured that he/she will not be forced into anything and will be encouraged to participate in decisions.
 - b. The alleged victim is recognized and identified as a person in a state of crisis who has undergone a traumatic physical and psychological ordeal.
 - c. Contact with the alleged victim is only made after conferring with the

Attending Psychiatrist, covering Physician, or Supervising Nurse/Unit Director.

B. Preliminary Interview

1. The initial contact with the alleged victim serves several purposes, including:
 - a. gathering basic information to reconstruct offense;
 - b. guiding the search for physical evidence;
 - c. setting the tone for future contact (establishes rapport with the victim);
 - d. informing the alleged victim of legal rights and options, explains process and reason for medical exam and evidence collection, describes the investigatory process, gives information about sexual assault crisis services; and
 - e. determining whether the alleged victim wants to make a formal complaint.
2. If the alleged victim's physical and psychological condition allows, he/she is interviewed before being transferred to the Emergency Department , just to elicit the facts.

C. Searching and Protecting the Crime Scene

The officer is responsible for protecting the integrity of the crime scene. Movement in the area is restricted to preserve essential physical evidence such as fingerprints, footprints, hair fibers, bloodstains, and semen traces. The objective in searching the crime scene is to locate and preserve all evidence that will, in conjunction with the medical exam and lab analysis, assist in the identification of the assailant(s) and/or will support the alleged victim's contention that a sexual assault did occur. The entire crime scene is photographed/video taped, before anything is touched or moved.

D. Evidence from the Alleged Victim

1. The chain of custody and the process of collecting evidence from the alleged victim begin at the crime scene with the collection of all clothing worn at the time of the assault. This process may have to be deferred until the alleged victim has been taken to the hospital.
 - a. Color photos are taken of contusions, bruises, lacerations, burns, etc., on the victim by an Agency Police officer or hospital staff person of the same gender as the victim. The interview and evidence collection are also conducted by an officer of the same gender, if possible.
 - b. Before collecting evidence, the area should be prepared with paper for the alleged victim to stand on to collect falling evidence.
 - c. Evidence may include semen, blood, hair, fibers, bedding, clothing, weapons,

and items containing fingerprints. Garments are marked and placed in separate evidence bags which are sealed and labeled before being sent to the lab. Stained or moist garments are folded inward over stains to protect them and placed in paper bags to allow natural drying.

- d. Photos are taken during initial investigation and again two or three days after the assault.

E. Follow-up Investigatory Interview(s)

1. Follow-up contact with the alleged victim provides the investigating officer:

- a. an opportunity to expand the crime report and fill in any details that were overlooked at the time of the preliminary interview. Victims of sexual assault tend to remember details more clearly once a little time has passed.
- b. the opportunity to obtain a written statement. This occurs after the alleged victim has been medically examined and treated.

XI. Preparing Patient for Transfer to the Emergency Department

- A. The Attending Psychiatrist or covering Physician notifies the Emergency Department to describe the alleged victim's clinical condition and all other pertinent information required.
- B. The Supervising Nurse/Unit Director and Attending Psychiatrist or covering Physician complete their respective sections of the W-10 form.
- C. The Attending Psychiatrist or covering Physician notifies the victim's family only after getting permission from the alleged victim.
- D. The Head Nurse makes arrangements to bring a change of clothing for the victim to the hospital because all clothing worn at the time of the assault will be collected and turned over to the police for evidence.
- E. Transportation to the hospital is authorized by the Attending Psychiatrist or covering Physician and arranged by the head nurse.
- F. The victim is accompanied by a nursing staff member.
- G. Documentation of the incident and all interventions is made in the alleged victim/patient's Medical Record by the head nurse.

XII. At the Emergency Department

- A. The alleged victim is evaluated/treated for injury and/or trauma as a consequence of the sexual assault.
- B. The alleged victim, as appropriate, is provided treatment for pregnancy prevention and venereal disease.
- C. Predicated on the alleged victim's consent, all physical evidence is collected for laboratory analysis.
- D. A WFH nursing staff person remains with the alleged victim unless the victim is discharged to the Hospital.
- E. Once an "Authorization for the Release of Information" form has been signed by the alleged victim, medical personnel release a copy of the hospital's examination report and all collected physical evidence to the police.
- F. The police transport the "Rape Kit" contents (physical evidence) to the Toxicology Laboratory at the Department of Public Health, for analysis, as soon as possible.

XIII. Return to WFH

- A. Medical recommendations made by the Emergency Department personnel are followed by WFH staff. Victims may need antibiotics, medication for pain, or if female, high dose estrogen.
- B. When therapeutically indicated, the Attending Psychiatrist or covering Physician orders that the victim or the assailant (if also a patient) is moved to a different unit location; the Supervising Nurse on duty makes the necessary arrangements.
- C. The Attending Psychiatrist or covering Physician and the medical services provider collaborate on follow-up results of cultures and laboratory tests performed in the Emergency Department. A return visit to the Emergency Department for follow-up of culture results is usually scheduled. If the female alleged victim does not menstruate after six weeks, a follow-up visit is also scheduled with a gynecologist.
- D. The treatment team incorporates therapeutic interventions into the treatment plan. The registered nurse addresses the specific needs/interventions of the victim/patient on the Nursing Plan of Care .
- E. The Attending Psychiatrist, in consultation with the registered nurse, makes a decision whether to continue rape crisis counseling with an outside agency, use

hospital staff members identified as having such counseling experience, or use both sources of help for the alleged victim.

XIV. Additional Reporting

- A. For any incident or allegation of sexual assault of a patient over sixty (60) years of age, the Chief Executive Officer (CEO) or designee notifies Protective Services for the Elderly at the Department of Social Services during business hours at the toll-free line: 1-888-385-4225. After business hours or on weekends or state holidays, call Infoline at 2-1-1.
- B. For any incident or allegation of abuse to a patient with a diagnosis of mental retardation, the CEO or designee notifies Disability Rights Connecticut at Local: 860.297.4300; Toll-free (in CT only): 800.842.7303.

APPENDIX A

CRITERIA FOR IDENTIFICATION OF SEXUAL ABUSE

I. Rape and Other Sexual Molestation

A. Rape:

1) Special Considerations for Health Care Providers:

- a) Only a small minority of rape victims seek assistance soon after they are raped and acknowledge that they have been raped.
- b) Other victims seek medical care with complaints based on symptoms, but do not disclose that an assault has occurred.
- c) Others do not present until months after the incident, but then contact the medical community repeatedly over time.

2) Immediate Impacts on Physical Health and Well Being:

- a) Physical effects of trauma may include soreness, bruising and rectal bleeding.
- b) Gastrointestinal irritability, fatigue, tension, headaches, intense startle reactions, and disturbed sleeping and eating patterns also are noted.
- c) Gynecological trauma, pregnancy, HIV and other infections, and sexually transmitted diseases are potential consequences and pose further fear.
- d) Alcohol and other drugs may be used for escape, sleep-aid, or self-medication.

3) Long Term Effects:

- a) Chronic anxiety and feelings of vulnerability, loss of control and self-blame.
- b) Post-Traumatic Stress Disorder indicators such as numbing of affect, chronic states of arousal, nightmares, and flashbacks.
- c) Mistrust of others, phobias, depression with or without self-harm or suicidal gestures, hostility, and somatic symptoms.
- d) Evidence of sexual dysfunction or unusual anxiety involving sexual activities or exposure of the body to medical and especially gynecological examinations.