

HEALTH SERVICES QUALITY ASSURANCE IMPLEMENTATION GUIDE

EXERCISE 7

SUBJECT: CLINIC MANAGEMENT OF REPORTED RAPE AND SEXUAL ASSAULT CASES

PURPOSE: The purpose of this exercise is to assist clinics in developing a protocol to manage reported rape and sexual assault cases.

DISCUSSION: Rape and sexual assault can occur anywhere, and has a devastating impact on the victim the community, and the Coast Guard in general. Written guidelines are necessary in order to deal correctly with the legal, medical, and administrative issues of a reported rape or sexual assault case.

ACTION: (1) All clinics will develop a protocol to ensure that reported rape and sexual assault cases are properly managed. A sample protocol is contained as enclosure (1) and may be used in whole or part for this purpose.

(2) All clinics will conduct annual in-service training addressing the management of reported rape and sexual assault cases and record such training in the Health Services Training Log. Enclosure (2) contains a sample lesson plan which may be used in whole or part for this purpose.

LESSON PLAN

CLINIC MANAGEMENT OF REPORTED RAPE AND SEXUAL ASSAULT CASES

HANDOUTS: Protocol for clinic management of reported rape and sexual assault cases

OBJECTIVES: To make health care providers aware of the protocol for managing reported rape and sexual assault case.

TRAINING OUTLINE

A. IMPACT OF RAPE AND SEXUAL ASSAULT

1. PATIENT WELL BEING
2. ADMINISTRATIVE COSTS
3. MEDICAL COSTS
4. HUMAN RESOURCES COST

B. REPORTING REQUIREMENTS: COMDTINST 1754 REQUIRES ALLEGED RAPE AND SEXUAL ASSAULT BE REPORTED BIA THE CHAIN OF COMMAND TO COMMANDANT G-PS-4. THE COMMAND WILL DETERMINE WHETHER OR NOT TO REORT THE INCIDENT TO CIVILIAN AUTHORITIES.

C. SUBJECTIVE FINDING: RECORD ANYTHING THE VICTIM SAYS

D. OBJECTIVE FINDINGS: PHYSICAL SIGN OF RAPE OR ASSAULT

1. VISIBLE INJURIES MUST BE THOROUGHLY DOCUMENTED. DEFER DEFINITIVE TREATMENT WHEN POSSIBLE TO PRESERVE EVIDENCE.
2. APPERANCE (TORN, DIRTY CLOTHING, HAIR MESSED UP, MISSING CLOTHING, ETC.)
3. DESCRIBE EMOTIONAL STATE (IN LAYMAN TERMS)

E. ASSESSMENT: "POSSIBLE SEXUAL ASSAULT"

F. PLAN:

1. "CURSORY TRIAGE EXAM: NO IMMEDIATE LIFE THREATENING INJURIES"
2. "TRANSPORT TO A FACILITY CAPABLE OF COLLECTING FORENSIC EVIDENCE"
3. "EMOTIOANL SUPPORT DURING TRANSPORT"
4. "ESCORT PROVIDED"

G. PERSONNEL AND FACILITY TO CONTACT (REVIEW PROTOCOL HANDOUT)

ENCLOSURE (2)

CLINIC PROTOCOL FOR REPORTED RAPE AND SEXUAL ASSAULT

1. All Health Services personnel are required to report rape and sexual assault cases. That report shall be made immediately to the Commanding Officer (or Officer of the Day) by the appropriate health services division representative. The command must then report the case to Commandant (G-PS) as required by Commandant Notice 1754, Report of Rape and Sexual Assault. Arrangements must be made as soon as possible to transport the victim, with an escort, to a facility capable of collecting evidence and providing definitive health care. If police intervention is needed, contact the Officer of the Day. At no time will Coast Guard health services personnel attempt to collect physical evidence.
2. Rape and sexual assault victims shall be chaperoned at all times by a person of the same gender; kept in a private area; and shall never be left alone. The desires of the victim should be respected concerning the desire to talk, to notify family, or to be consoled by the chaperone. The victim shall remain as presented unless immediate medical treatment is required. There should be no attempt to wash any part of the victim's body or improve appearance until evidence is obtained by appropriate personnel. The use of blankets, gowns, or sheets for security and modesty shall be considered in these instances.
3. Document all events scrupulously in the Chronological Record of Medical Care (SF-600) using SOAP format to distinguish subjective statements from objective findings: circumstances leading to victim presentation; statements made by the victim; a list of injuries; and the appearance of the victim.
4. Remain nonjudgmental: For example, under no circumstances should a victim be told that because of their behavior or appearance they were "asking for trouble."
5. Maintain strict confidentiality. Be sensitive to preserving the dignity of the patient, preventing embarrassment, and protecting the integrity of ongoing investigations.
6. Key points of contact:

TREATMENT FACILITY

PHONE NUMBER

TREATMENT FACILITY/AMBULANCE

PHONE NUMBER

NAME, TITLE

PHONE NUMBER

ENCLOSURE (1)