

# **Ohio Department of Health Ohio Protocol for Sexual Assault Forensic and Medical Examination 2002**

## **A Five-year Follow-up Evaluation with Recommendations for the Future**

### **Background**

This study was completed at the Ohio Department of Health (ODH) in the Sexual Assault and Domestic Violence Prevention Program (SADVPP) under the supervision of Judi Moseley, program administrator. The SADVPP, in the Bureau of Health Promotion and Risk Reduction, seeks to improve the health status of Ohio women by identifying issues that affect women's health and develop programs to address those issues, including programs that address sexual assault and domestic violence prevention and services. The program serves as an advocate and resource on women's health for state government and the public. The program administers federal and state rape prevention funds to ensure the implementation of sexual assault education and the provision of comprehensive, standardized and appropriate crisis intervention, support and follow-up services for survivors of sexual assault.

In 1992, the Ohio Protocol for the Treatment of Adult Sexual Assault Survivors was first instituted. The purpose of the protocol was to provide a framework by which comprehensive, standardized, non-judgmental, equitable treatment of survivors of sexual assault could be offered by hospitals and emergency facilities across Ohio. This protocol was intended to facilitate the provision of consistent, comprehensive health care treatment to include emotional, social and crisis intervention, as well as provide information about available follow-up services in the community and basic requirements of the legal system with regards to evidence collection.

The protocol underwent its initial evaluation in 1997 by ODH in conjunction with Victim Rights Advocacy and The University of Texas at Austin Center for Social Work Research. At the five-year evaluation of the protocol, recommendations were offered in an attempt to improve services to victims of sexual assault, and as a result, a revision was completed in 1999. The establishment of Sexual Assault Nurse Examiner (SANE) programs throughout the state, their use of the ODH Ohio Protocol for the Treatment of Sexual Assault Survivors, and the passage of legislation which changed the procedures and responsible party for billing of the sexual assault examination, necessitated a further revision.

In July 2002, the protocol underwent this revision, was renamed the ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination and was formally issued in August 2002. A number of additions were made to the protocol including more SANE- and Sexual Assault Response Team (SART)-specific information, the Ohio Pediatric Protocol, child assault reporting guidelines, a male rape survivor section and an updated billing section delineating the new billing procedures. Updates to the protocol included Internet references for up-to-date Ohio Revised Code statutes and information from Centers for Disease Control and Prevention (CDC) on relevant topics such as sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), a revised order of evidence collection, revised recommendation for hair sampling, updated patient handouts, clarification to treat instead of test adult patients for STIs, CDC-recommended HIV post-exposure prophylaxis information and reorganization of the protocol manual.

Five years had elapsed since its initial evaluation, and as a result, the SADVPP wanted to re-evaluate the newly revised protocol and obtain comments and feedback as to its content, quality and usefulness. This evaluation will guide further revisions of the protocol and identify areas of strengths and weakness in services for victims of sexual assault.

### **Purpose**

The purpose of the study was five-fold:

- 1) To design a survey that would be used to evaluate a statewide protocol for how hospitals and emergency facilities respond to victims of sexual assault;
- 2) To administer the survey to hospitals, emergency facilities and SANE programs throughout Ohio;
- 3) To analyze the data acquired via the survey;
- 4) To compare current results with previous 1997 evaluation results;
- 5) To generate a written report of the results and offer recommendations for future protocol revisions, for services related to sexual assault victims and those who care for them, as well as for future protocol evaluations.

### **Methods**

In order to provide a comprehensive evaluation of the Ohio Protocol for Sexual Assault Forensic and Medical Examination, all hospitals, emergency facilities and SANE programs throughout Ohio were asked to participate in the study. A complete listing of these facilities was provided by the SADVPP. Participation in this study was fully voluntary.

The survey used to evaluate the protocol was largely derived from the initial evaluation tool used in the 1997 study with relevant additions and deletions appropriate to the newly revised protocol. The final product was a five page, 104-item survey with a combination of open-ended and closed-ended questions (Appendix A). A brief set of instructions, deadline and contact information was provided at the beginning of the survey. Contact information was again supplied at the end of the survey. The survey was confidential. The name of the person completing the survey and the name of the hospital/SANE program were asked to allow for follow-up contact to be made in cases requiring response clarification. Sections of the survey included:

- General Information;
- Ohio Protocol for Sexual Assault Forensic and Medical Examination;
- Staff Training;
- Forms in the ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination;
- The ODH Sexual Assault Evidence Collection Kit;
- The Medical Examination and Follow-up;
- Community Resources for Sexual Assault Victims
- Billing for the Sexual Assault Examination;
- Additional Information.

A cover letter written by the program administrator explaining the study and asking for participation was attached to the survey (Appendix B). The cover letter,

survey and a self-addressed envelope were mailed to 223 hospitals, emergency facilities and SANE programs throughout Ohio. The mailing was addressed to the Director of Emergency Nursing and/or Sexual Assault Nurse Examiner (specific names used if known) in order to ensure that the survey reached a staff member who was familiar with the protocol and qualified to respond to the questions.

Due to time constraints, a two-week period from the time the surveys were mailed until the suggested deadline was allotted for participants to receive, complete and return the survey. Participants were offered the option of mailing the completed survey in the provided self-addressed envelope or faxing it to the SADVPP. As a means to increase the response rate and ensure that the study included all Ohio counties, follow-up telephone calls were made the week after the suggested deadline to one randomly selected hospital in any Ohio county that had not yet returned a survey. *A Directory of Registered Hospitals 1996* supplied by ODH was used for this undertaking. The follow-up telephone calls allowed for the opportunity to verify that the appropriate staff member received the survey, to answer any questions about the survey or study, to offer thanks to those who had already participated and, perhaps most importantly, to encourage participation. Contact information including fax number was again given during the telephone calls. In addition, staff of the SADVPP made telephone calls and sent e-mails to contacts in the counties that had not initially responded.

Due to the large number of surveys that had not been returned by the Nov. 12<sup>th</sup> deadline, all surveys that had been received by Dec. 6, 2002, were included in the data analysis. Returned surveys were reviewed for completeness and consistency. Responses that were inconsistent with other responses were reviewed with the program administrator and adjusted accordingly. Telephone calls were made to a few respondents for response clarification and survey completion. The survey data was analyzed at ODH using Microsoft Excel 98.

## **Results**

Of the 223 surveys mailed to hospitals, emergency facilities and SANE programs, 98 surveys were completed and returned by December 6th. Three of the surveys were returned to sender. Thus, the final response rate was 45 percent. Six of the returned surveys indicated that they did not treat sexual assault victims, and therefore, were not included in the data analysis. Thus, data were analyzed for 92 surveys.

Results of the survey will be reported according to the survey section. Where applicable, results will be compared to the results from the 1997 evaluation. Percentages and numerical counts (in parentheses) are reported for most items.

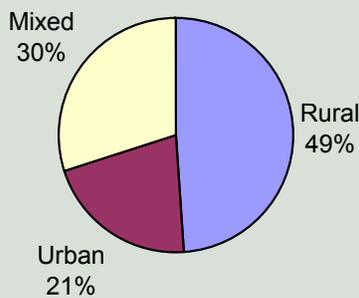
## **General Information**

While almost all respondents gave their name, a number of respondents did not report the name of their hospital/SANE program which made it difficult to track the hospitals/SANE programs that had or had not participated. Out of the 88 Ohio counties, 70 were represented in the study. Counties not represented in this study are shown in Table 1. With regards to the characterization of their service area, 21 percent (19) of respondents indicated that they served mainly an urban area, 49 percent (45) served a rural area and 30 percent (27) served a mixed urban-rural area (Figure 1). The 1997 study included more rural (38 percent) and less urban (32 percent) hospitals/emergency facilities than in the current study.

**Table 1: Counties Not Represented in 2002 the Study**

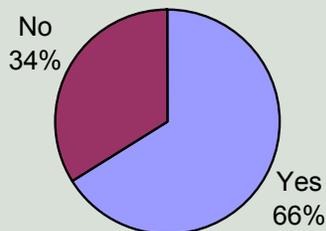
Adams	Clermont	Fayette	Jackson	Meigs	Sandusky
Ashtabula	Clinton	Hardin	Jefferson	Mercer	Trumbull
Brown	Darke	Holmes	Lawrence	Miami	
Champaign	Fairfield	Huron	Logan	Paulding	

**Figure 1: Hospital/SANE Program Service Area (n=91)**



Respondents were asked whether or not their hospital/emergency facility has implemented a SANE program. Sixty-six percent (61) of respondents indicated that their hospital/emergency facility has implemented a SANE program while 34 percent (31) reported that their facility had not implemented a SANE program (Figure 2).

**Figure 2: SANE Program Implemented (n=92)**



Respondents were asked if their facility tabulates or tracks demographic information on sexual assault victims. Thirty-three percent (29) of respondents reported that their hospital/emergency facility tabulates or tracks demographic information on

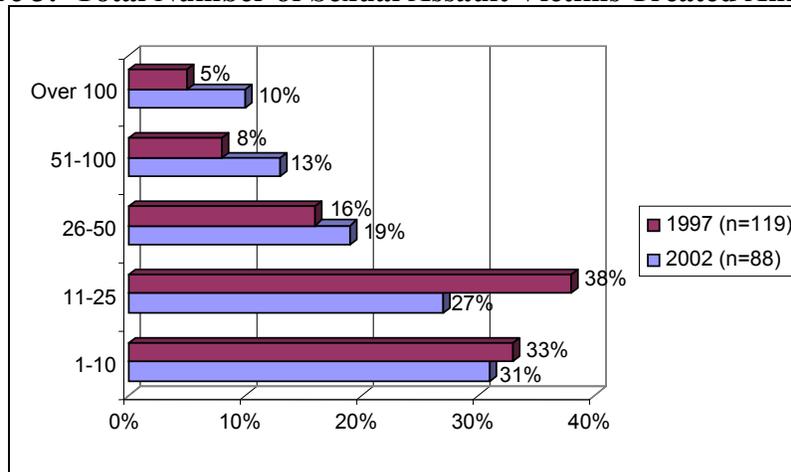
sexual assault victims, while 67 percent (59) did not. This is a dramatic increase from the 1997 study in that only 13 percent (16) reported collecting demographic information at that time. Of note, if demographic information was tracked, the facility was six times more likely to have a SANE program than not to have a SANE program. Demographic information is shown in Table 2 for those respondents who provided the information.

**Table 2: Numerical Ranges of Sexual Assault Victims Treated Last Year by Demographic Category (n/%)**

	None	1-10	11-25	26-50	51-100	Over 100
Children (ages birth-12)	11/37%	13/43%	3/10%	-	-	3/10%
Teenage girls (ages 13-17)	2/7%	19/66%	6/21%	-	1/3%	1/3%
Adult women (ages 18-60)	1/3%	16/49%	9/27%	4/12%	2/6%	1/3%
Older women (age >60)	16/64%	9/36%	-	-	-	-
People with disabilities	8/36%	14/64%	-	-	-	-
Ethnic/racial minorities	5/23%	12/55%	3/14%	1/4%	1/4%	-
Teenage boys (ages 13-17)	16/59%	10/37%	-	-	-	1/4%
Adult males (ages >18)	15/58%	11/42%	-	-	-	-

Respondents were asked about the number of sexual assault victims treated in their facility annually. Figure 3 demonstrates these results compared to those of the 1997 study. Most respondents, 77 percent (68), indicated their facility treated between one and 50 sexual assault victims annually. More than 50 sexual assault victims are treated annually in 23 percent (20) of respondents' facilities, an increase from 11 percent in 1997. These figures were based on actual patient counts in 45 percent (40) of those reporting while 55 percent (48) were estimates as compared to the 1997 study in which only 19 percent were actual counts and 81 percent were estimates. Thus, a greater number of facilities are treating more than 50 sexual assault victims annually and are tracking actual patient counts.

**Figure 3: Total Number of Sexual Assault Victims Treated Annually**

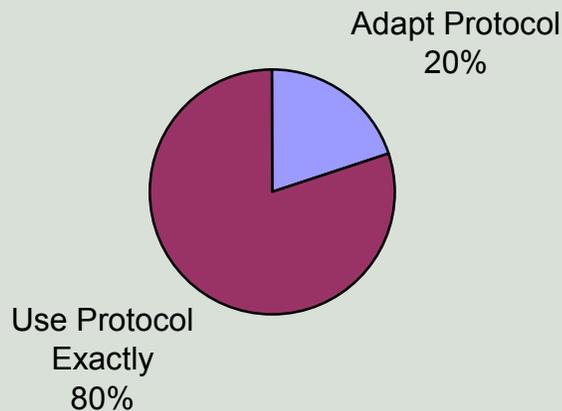


### **ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination**

Questions concerning the newly revised protocol were asked. Almost all respondents, 98 percent (90), reported receiving a copy of the newly revised protocol. A copy of the protocol was mailed to two respondents who reported that their facilities had not yet received a protocol. In 100 percent (89) of facilities, the revised protocol is kept in a place where the hospital staff/SANE staff have access to it. Ninety-nine percent (89) of respondents reported that their facility used the current (revised) protocol.

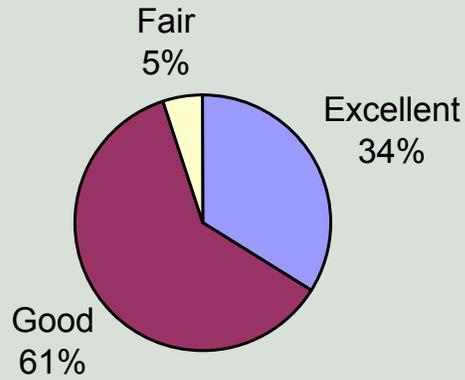
Eighty percent (69) of respondents indicated that their hospital/emergency facility uses the ODH protocol exactly, while 20 percent (17) adapt the protocol in some way (Figure 4). Comments about the various ways the protocol was adapted included “we are a Catholic facility and use specific terminology for pregnancy prophylaxis,” “adapted forms to our logo,” “we have hospital directives also” and “I like to do blood sample earlier as this takes longer to dry.” When asked if there were situations in which the protocol is not used, 26 percent (21) responded “yes” and 74 percent (60) responded “no”. Explanations for those situations included “if incident too old,” “patient refusal” and “in cases that turn out to be simple assaults.”

**Figure 4: How Hospitals/Emergency Facilities Use the ODH Protocol (n=86)**

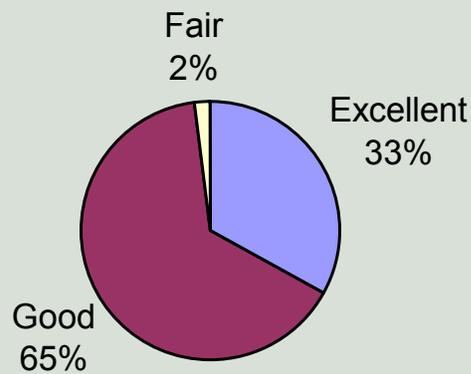


Figures 5-7 demonstrate the respondents’ ratings of the format, content and practicality of the revised protocol. Ninety-five percent (84) of respondents rated the new format of the protocol as “excellent” or “good”. The new content of the protocol was rated as “excellent” or “good” by 98 percent (86) of respondents. When asked to rate how the protocol prepared them to care for the sexually assaulted victim, 31 percent (27) replied “excellent”, 67 percent (59) good and 2 percent (2) fair. None of the respondents rated the protocol’s new format, content or practicality as “poor”. Ratings of the protocol for preparing staff to care for the sexually assaulted victim were improved compared to the 1997 study. In fact, the practicality of the protocol was rated as “excellent” or “good” by 98 percent of respondents in this study as compared to 88 percent of respondents in the 1997 study.

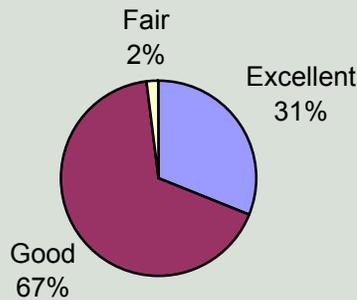
**Figure 5: Rating of ODH Protocol Format  
(n=88)**



**Figure 6: Rating of ODH Protocol Content  
(n=88)**



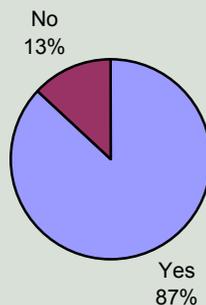
**Figure 7: Rating of ODH Protocol in Preparation for Care of Sexually Assaulted Victims (n=88)**



**Staff Training**

Respondents were asked whether they had received training on the previous or revised ODH protocol as well as the training source. Figure 8 demonstrates that 87 percent (80) of respondents or their staff had received training on either the previous or revised protocol, an increase from 63 percent (76) in 1997. This training was obtained from the Ohio Coalition On Sexual Assault (OCOSA) sponsored training (29), SANE sponsored training (50), hospital in-service (31) or other training sources (11) (Table 3). Other sources of training specified were the DOVE program at Summa Health System in Akron, the Ohio Bureau of Criminal Investigation (BCI), staff meetings, unit-based education and the Cleveland Rape Crisis Center.

**Figure 8: Received Training on Previous or Revised ODH Protocol (n=92)**



**Table 3: Sources of Training on Previous or Revised ODH Protocol (n=80)**

	<b>n/%* Respondents</b>
Ohio Coalition On Sexual Assault (OCOSA) sponsored training	29/36%
Sexual Assault Nurse Examiner (SANE) sponsored training	50/63%
Hospital in-service	31/39%
Other	11/14%

\*% of those who responded that they had received training on either the previous or revised ODH protocol

When asked if any of their hospital/emergency facility staff have training for treating sexual assault victims in addition to the protocol training, 51 percent (47) responded “yes” and 49 percent (45) responded “no”. Those who were listed as having additional training were primarily nurses and physicians. They had received their training from a number of sources including Jamie Ferrell (child sexual assault expert), various SANE and SART programs, the Fort Wayne Sexual Assault Treatment Center, the DOVE program at Summa Health System in Akron, the YWCA Rape Crisis in Toledo, and Children’s Hospital in Cincinnati.

Table 4 shows to what extent the respondents felt their staff is in need of additional training in a variety of areas related to the sexual assault victim. Of particular note is that 45 percent or more of all respondents felt that additional training for all areas in question was greatly or somewhat needed. However, in the areas that were asked in both the 1997 and current studies, a larger percentage of respondents in the 2002 study felt that their training was currently adequate in all areas. The top five areas of greatest need for additional training are:

- Testifying in court (88 percent);
- Pediatric protocol procedures (87 percent);
- Taking photos of injuries (79 percent);
- Medical record documentation (67 percent);
- Sexual assault victim rights (61 percent).

In the 1997 study, testifying in court (92 percent), taking photos of injuries (82 percent) and medical record documentation (76 percent) were among the top five areas of greatest need for additional training. Pediatric protocol procedures and sexual assault victim rights were new question items added to the current study and were not asked about in the 1997 study.

**Table 4: Need for Additional Training in Specific Areas**

	<b>Greatly needed</b>	<b>Somewhat needed</b>	<b>Currently adequate</b>
*Medical record documentation (n=87)	26/30%	32/37%	29/33%
Rape kit forms (n=88)	15/17%	28/32%	45/51%
*Sexual assault victim rights (n=89)	17/19%	37/42%	35/39%
Sexual assault victim sensitivity (n=87)	11/13%	33/38%	43/49%
Cultural awareness (n=89)	14/15%	38/43%	37/42%
Chain of evidence (n=88)	14/16%	28/32%	46/52%
*Testifying in court (n=89)	39/44%	39/44%	11/12%
*Taking photos of injuries (n=88)	28/32%	41/47%	19/21%
Working with victims' families (n=88)	16/18%	34/39%	38/43%
Providing emotional support to victims (n=88)	11/12%	28/32%	49/56%
Crisis intervention (n=87)	15/17%	29/33%	43/50%
Knowledge of community resources (n=87)	13/15%	26/30%	48/55%
Overall rape awareness (n=88)	13/15%	31/35%	44/50%
Dispelling rape myths/misconceptions (n=87)	12/14%	32/37%	43/49%
*Pediatric protocol procedures (n=85)	42/49%	32/38%	11/13%
Overall protocol procedures (n=88)	16/18%	36/41%	36/41%

\*Top five areas of greatest additional training need

Respondents were asked to what extent they felt their staff is in need of additional training in working with special populations of sexual assault victims, and these results are shown in Table 5. Over 55 percent of respondents felt that additional training was “greatly” or “somewhat” needed for all special populations in question. Specifically, 91 percent (77) of the respondents noted child/youth victims, 80 percent (70) indicated male victims and 77 percent (68) indicated gay/lesbian/bisexual victims as the top three areas of greatest need. In the special populations that were asked in both the 1997 and current studies with the exception of teenage victims, a larger percentage of respondents in the 2002 study felt that their training was currently adequate for all special populations.

**Table 5: Need for Additional Training in Working with Specific Populations**

	<b>Greatly needed</b>	<b>Somewhat needed</b>	<b>Currently adequate</b>
Child/youth victims (n=85)	50/59%	27/32%	8/9%
Teenage victims (n=87)	20/23%	43/49%	24/28%
Elderly victims (n=86)	15/17%	36/42%	35/41%
Male victims (n=88)	22/25%	48/55%	18/20%
Victims of acquaintance/date rape (n=89)	14/16%	37/41%	38/43%
Cultural/ethnic minority victims (n=89)	17/19%	39/44%	33/37%
Gay/lesbian/bisexual victims (n=89)	22/25%	46/52%	21/23%
Victims with mental/physical disabilities (n=89)	21/24%	45/50%	23/26%

### **Forms in the Ohio Protocol for Sexual Assault Forensic and Medical Examination**

In order to evaluate the overall quality of the forms in the protocol manual, respondents were asked to rate the forms individually. These results are shown in Table 6. All of the forms were rated “excellent” or “good” by 87 percent or more of respondents. Although only a few respondents were unfamiliar with the forms in question, this is concerning given that they are found in the protocol manual and should

be known by all who use the protocol. Because the 2002 ODH protocol included new forms and old forms that were revised, these results are not compared to those of the 1997 study.

**Table 6: Overall Quality of Forms in ODH Protocol Manual**

	Excellent	Good	Fair	Poor	Unfamiliar
Information You Should Know as a Sexual Assault Survivor (n=86)	30/35%	53/62%	1/1%	-	2/2%
Helping Your Child: A Note to Parents and Caregivers (n=83)	26/31%	51/62%	2/2%	-	4/5%
Caring for Yourself: A Note to Survivors (n=85)	30/35%	52/61%	1/1%	-	2/3%
After Care Information and Resources (n=86)	25/29%	53/62%	6/7%	-	2/2%
Document of Care (n=85)	24/28%	57/67%	1/1%	1/1%	2/3%
Sample Notification Letter for Hospital/Facilities to Send After Examining a Child without Parental Consent (n=83)	19/23%	58/70%	1/1%	2/2%	3/4%
Emergency Contraceptive Fact Sheet Sample (n=85)	22/26%	57/67%	2/2%	1/1%	3/4%
Ohio Attorney General Sexual Assault Forensic Examination (SAFE) Payment Form (n=86)	24/28%	54/63%	5/6%	-	3/3%
Sample Medical History Form (n=85)	23/27%	51/60%	7/8%	2/2%	2/3%

In order to evaluate the overall quality of the forms in the ODH Sexual Assault Evidence Collection Kit, respondents were asked to rate the forms individually. These results are shown in Table 7. All of the forms were rated as “excellent” or “good” by 91 percent or more of respondents. A number of respondents wrote that it would be helpful if the diagrams of anatomically correct bodies were larger in size.

**Table 7: Overall Quality of Forms in ODH Kit**

	Excellent	Good	Fair	Poor	Unfamiliar
Step 1: Ohio Department of Health Consent for Exam and Release of Evidence (n=86)	26/30%	55/64%	3/4%	1/1%	1/1%
Step 2: Assault/Abuse History (n=84)	26/31%	54/64%	3/4%	-	1/1%
Procedure for Sexual Assault/Abuse Evidence Collection Checklist (n=85)	29/34%	53/62%	2/2%	-	1/1%
Authorized Release Form to Release Information to Law Enforcement (n=82)	24/29%	52/63%	3/4%	-	3/4%
Pre-labeled Bag and Envelope Instructions (n=86)	29/34%	50/58%	5/6%	1/1%	1/1%
Anatomically Correct Drawing of Bodies (n=86)	29/34%	49/57%	7/8%	-	1/1%

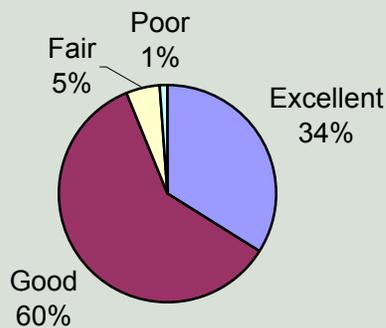
Eighty-three percent (68) of respondents indicated that the appropriate forms are given to sexual assault victims. Explanations as to why the appropriate forms were not given to sexual assault victims included “we utilize our own forms adapted from ODH models,” “currently revising forms” and “not if it puts them at risk.”

#### The ODH Sexual Assault Evidence Collection Kit

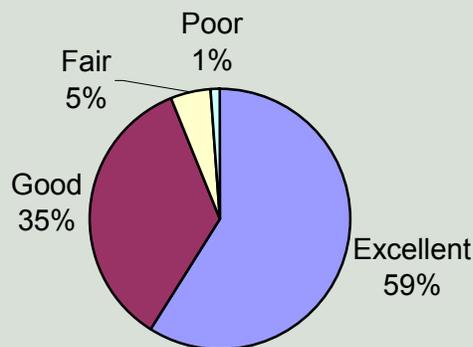
Respondents were asked if their facility used the ODH Sexual Assault Evidence Collection Kit, to rate its quality, and to rate services from the Ohio Industries for the Handicapped (OIH). Almost all respondents, 97 percent (85), reported that their hospital/emergency facility used the ODH Sexual Assault Evidence Collection Kit from

the OIH. Of these, 93 percent (74) rated the quality of the kit as “good” or “excellent” (Figure 9). Satisfaction with services from the OIH was rated as “good” or “excellent” by 94 percent (70) of respondents (Figure 10). Comments about experiences with the OIH included problems with missing forms, mislabeling of items and loose seals. A number of respondents commented that they have not had any problems with services from the OIH.

**Figure 9: Overall Quality of ODH Sexual Assault Evidence Collection Kit from the Ohio Industries for the Handicapped (n=79)**



**Figure 10: Overall Rating of Services from the Ohio Industries for the Handicapped (n=75)**



### **The Medical Examination and Follow-Up**

Respondents were asked questions concerning the waiting time for sexual assault victims, prophylactic treatment for sexually transmitted infections, referrals for HIV testing, emergency contraception dispensing or referrals and the use of a colposcope. On

average, sexual assault victims wait 0-20 minutes in 43 percent (38) of hospitals/emergency facilities, 21-40 minutes in 38 percent (34) of facilities, 41-60 minutes in 13 percent (12) of facilities and over 60 minutes in only 6 percent (5) of facilities (Figure 11). In 1997, 75 percent of respondents indicated a wait time of 0-40 minutes while in the current study 81 percent indicated a wait time of 0-40 minutes. In facilities where there is more than a 60-minute wait, comments included “SANEs have one hour to respond, but patients wait longer” and “almost all patients have a wait of >60 minutes [at our Children's Hospital].”

**Figure 11: Average Time Sexual Assault Victims Wait to be Seen by Examiner**

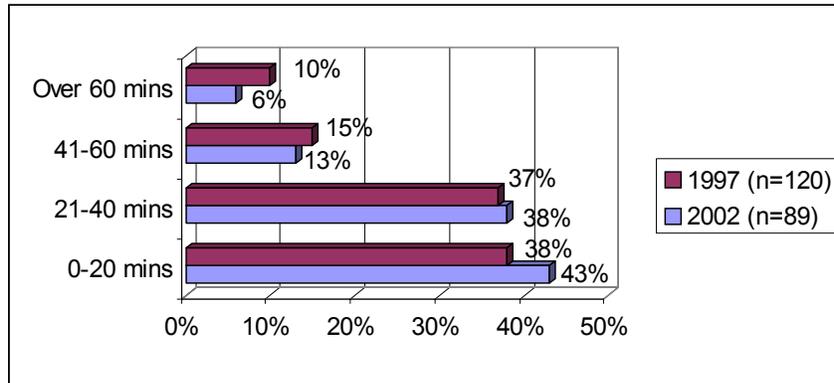
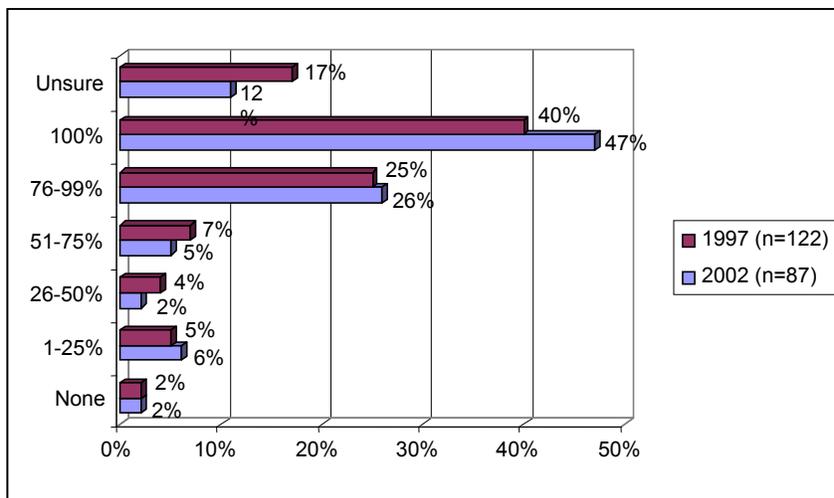
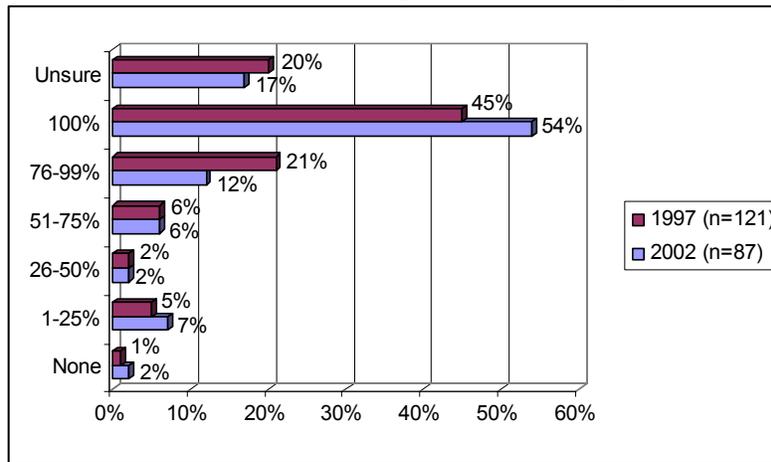


Figure 12 shows the 2002 and 1997 percentages of sexual assault cases that respondents' hospitals/emergency facilities provide prophylactic treatment for sexually transmitted infections (STIs). In 2002, 73 percent (64) of respondents reported that STI prophylaxis was provided in 76-100 percent of cases, up from 65 percent in 1997. Figure 13 shows the 2002 and 1997 percentages of sexual assault victims that are referred for HIV testing in the discharge plan. In 2002, 65 percent (57) of respondents indicated that 76-100 percent of sexual assault victims were referred for HIV testing similar to 66 percent in 1997. Note that 17 percent of respondents were unsure about such referrals.

**Figure 12: Percentage of Sexual Assault Cases Provided with Prophylactic Treatment for STIs**

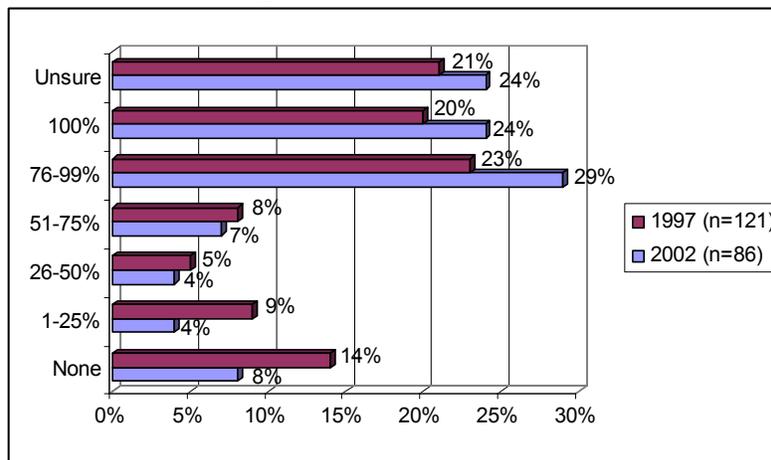


**Figure 13: Percentage of Hospitals/Emergency Facilities that Refer Sexual Assault Victims for HIV Testing in the Discharge Plan**



The percentages of sexual assault cases in which respondents' hospitals/emergency facilities dispense emergency contraception for 2002 and 1997 are shown in Figure 14. Hospitals/emergency facilities are less likely to dispense emergency contraception to sexual assault victims than provide STI prophylaxis or HIV referrals. In fact, only 53 percent (46) of facilities provide emergency contraception to sexual assault victims. This is, however, an increase from 43 percent in 1997. Fewer respondents in 2002 (8 percent) as compared to 1997 (14 percent) indicated that their facilities do not dispense emergency contraception. A concerning result is the fact that almost one-quarter (21) of respondents are unsure of the percentage of cases that are provided with emergency contraception.

**Figure 14: Percentage of Hospitals/Emergency Facilities that Dispense Emergency Contraception in Sexual Assault Cases**

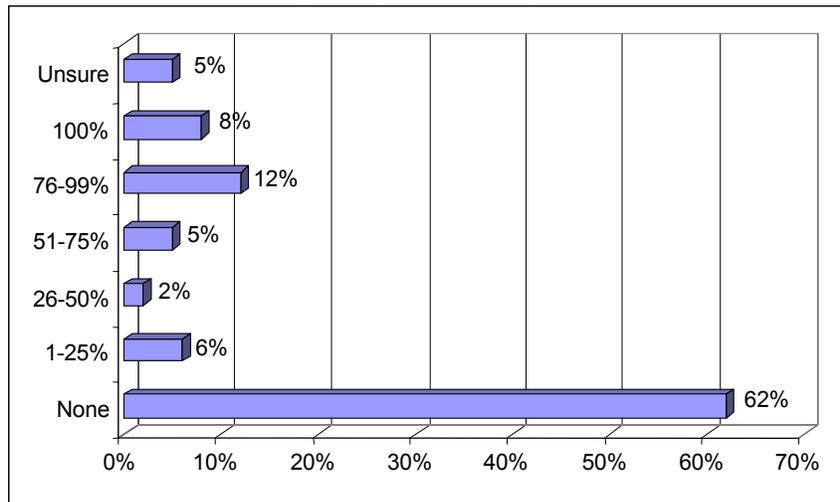


The revised protocol states “should an institution or physician be precluded from providing emergency contraception for religious reasons, referral to another physician, health care institution or agency must be made that will be available to the patient within 72 hours after the assault occurred.” When asked if there were occasions at their

hospital/emergency facility in which such a referral is made, 25 percent (21) responded “yes”. Respondents specified that these referrals are made to a family doctor, local health department, Planned Parenthood, OB/GYN and/or another physician on duty.

Respondents were asked to provide the percentage of female sexual assault cases in which a colposcope is used. A colposcope is not used in 62 percent (52) of female sexual assault cases at the responding hospital/emergency facilities and is used in 76-100 percent of such cases in only 20 percent of facilities (Figure 15). A number of respondents indicated that a colposcope had been recently purchased and would be using it as the standard of care once training was completed.

**Figure 15: Percentage of Female Sexual Assault Cases in which a Colposcope is Used (n=84)**



**Community Resources for Sexual Assault Victims**

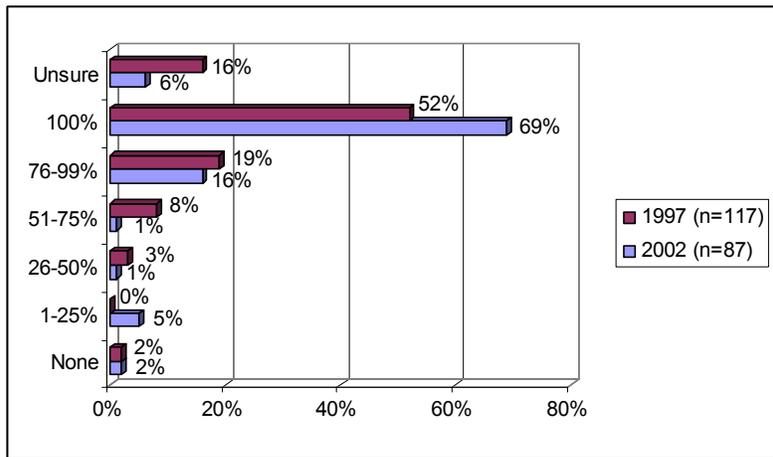
Respondents were asked about the resources/professionals called upon to respond to the sexual assault victims' emotional needs. All respondents reported that at least one person was called. Those who were called included local rape crisis counselors/victim advocates, hospital social workers, hospital chaplains, in-house advocates/counselors, nurses on duty and other professionals (Table 8). The rape crisis counselor/victim advocate was called upon most of the time. In the majority of cases, more than one person was called upon for emotional support.

**Table 8: Professionals Called to Respond to Sexual Assault Victims' Emotional Needs**

	<b>n = Respondents</b>
Local rape crisis counselor/victim advocate	74
Hospital social worker	34
Hospital chaplain	13
In-house advocate/counselor	7
Nurse on duty	45
Other professional	22

Figure 16 shows the 2002 and 1997 percentages of sexual assault cases in which responding hospitals/emergency facilities provide referrals to victims for follow-up counseling. A referral for follow-up counseling is provided in 76-100 percent of sexual assault cases by 85 percent (74) of responding facilities. This is an increase from 71 percent in 1997.

**Figure 16: Percentage of Sexual Assault Cases in which a Referral for Follow-up Counseling is Provided**



Questions were asked regarding the presence, utilization and response of a local rape crisis program. In 88 percent (75) of respondents' counties, there is a local rape crisis program, an increase from 78 percent in 1997 (Figure 17). This reflects the increase in the number of rape crisis programs in Ohio from 15 to 40 since 1997. Two percent (2) of respondents were unsure if there was such a program available in their county.

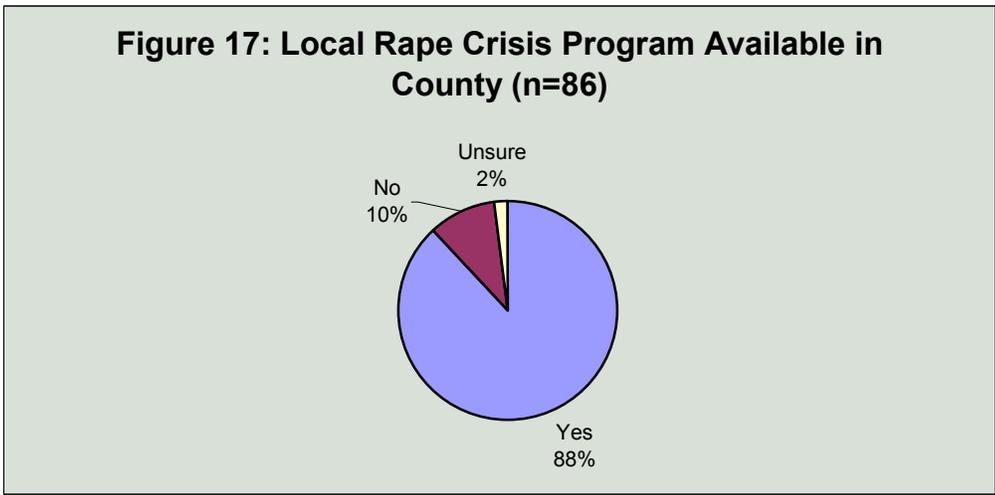
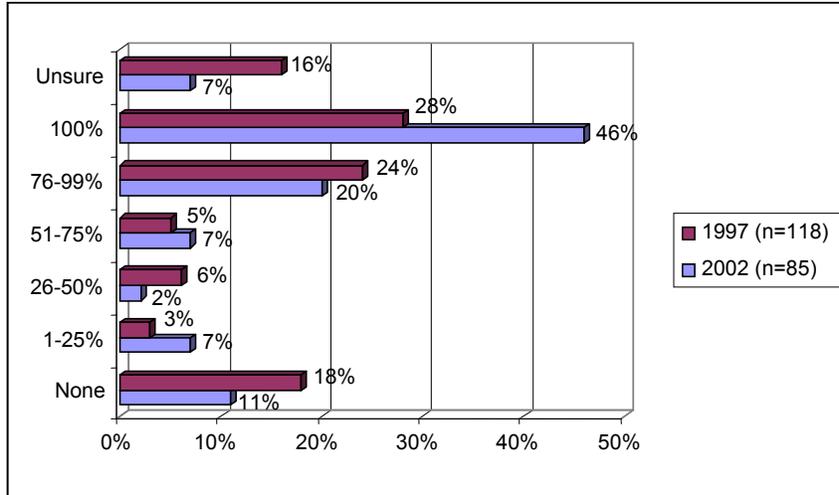


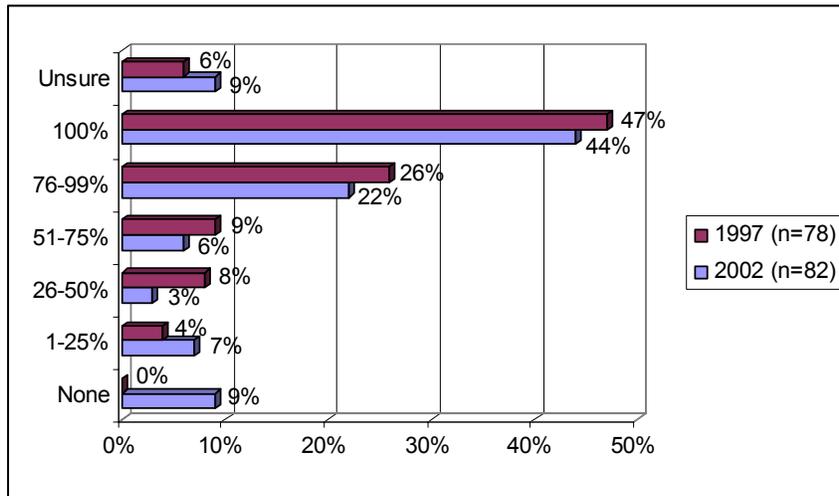
Figure 18 shows that 66 percent (56) of respondents reported that in 76-100 percent of cases, a rape crisis program is called to send an advocate to their hospital/emergency facility. This is an increase from 52 percent in 1997. In 66 percent

(54) of cases, the rape crisis advocate responds to the call 76-100 percent of the time which is a decrease from 73 percent in 1997. This is demonstrated in Figure 19.

**Figure 18: Percentage of Sexual Assault Cases in which Rape Crisis Program is Called**



**Figure 19: Percentage of Cases that a Rape Crisis Counselor Responds to Call**



Tables 9 and 10 demonstrate the overall rating of response by rape crisis advocates to sexual assault victims and facility staff. Ninety-one percent (69) of respondents rated the response of rape crisis advocates to victims as “excellent” or “good”. This is an increase from 86 percent in 1997. Ninety-two percent (69) of respondents rated the response of the advocates to staff at their hospital/emergency facility as “excellent” or “good” which is an increase from 85 percent in 1997. Only one respondent rated the response by the rape crisis advocate as “poor”.

**Table 9: Overall Rating of Response by Rape Crisis Advocate to Sexual Assault Victims**

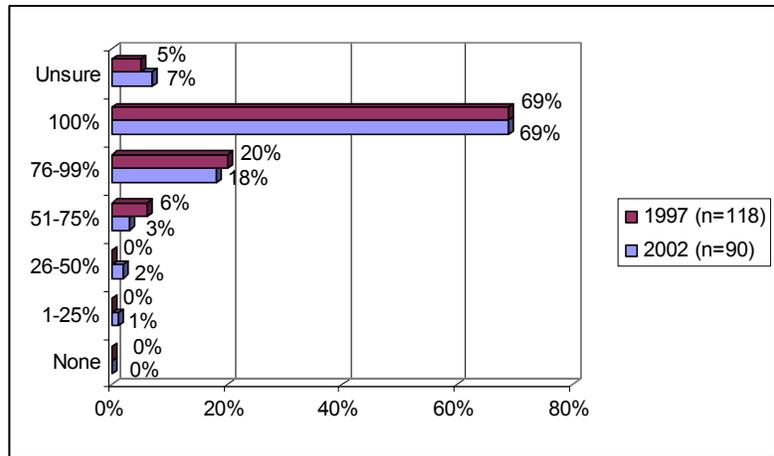
	2002 (n=76)	1997 (n=72)
Excellent	36/47%	32%
Good	33/44%	54%
Fair	6/8%	14%
Poor	1/1%	-

**Table 10: Overall Rating of Response by Rape Crisis Advocate to Staff**

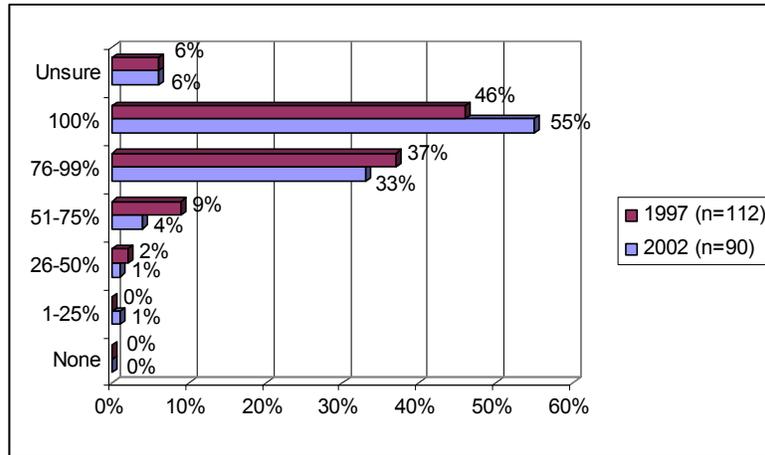
	2002 (n=75)	1997 (n=71)
Excellent	33/44%	31%
Good	36/48%	54%
Fair	5/7%	15%
Poor	1/1%	-

Respondents were asked similar questions regarding the utilization and response of law enforcement. Eighty-seven percent (78) of respondents reported that in 76-100 percent of cases, the law enforcement department is called to their hospital/emergency facility (Figure 20). These results are similar to those reported in the 1997 study. In 88 percent (79) of cases, law enforcement responds to the call 76-100 percent of the time (Figure 21). This is an increase from 83 percent in 1997.

**Figure 20: Percentage of Sexual Assault Cases in which Law Enforcement is Called**



**Figure 21: Percentage of Cases that Law Enforcement Responds to Call**



The overall rating of response by law enforcement to sexual assault victims and facility staff are shown in Tables 11 and 12. Eighty-six percent (77) of respondents rated the response of law enforcement to sexual assault victims as “excellent” or “good”; an increase from 76 percent in 1997. Ninety-two percent (83) of respondents rated the response of law enforcement to staff at their hospital/emergency facility as “excellent” or “good”; an increase from 84 percent in 1997. None of the respondents rated the response of law enforcement to victims or staff as “poor”.

**Table 11: Overall Rating of Response by Law Enforcement to Sexual Assault Victims**

	2002 (n=90)	1997 (n=105)
Excellent	28/31%	22%
Good	49/55%	54%
Fair	13/14%	23%
Poor	-	1%

**Table 12: Overall Rating of Response by Law Enforcement To Staff**

	2002 (n=90)	1997 (n=105)
Excellent	31/34%	35%
Good	52/58%	49%
Fair	7/8%	16%
Poor	-	-

**Billing for the Sexual Assault Examination**

As of July 2001, under the Ohio Revised Code, the Crime Victims Compensation Fund (CVCF) administered by the Ohio Attorney General's Office through the Sexual Assault Forensic Evidence (SAFE) program is responsible for reimbursing hospitals for the collection of forensic evidence following a sexual assault. It is against the law for a hospital or other emergency facility to bill victims of sexual assault for the sexual assault evidence collection examination. Hospitals may be reimbursed through the SAFE

program for up to \$500 for conducting the sexual assault evidence collection examination. In order to receive reimbursement, the ODH Protocol for Sexual Assault Forensic Evidence and Medical Examination must be followed and the evidence collected with an evidence collection kit that meets the ODH protocol specifications.

After being given this information, 84 percent (73) respondents indicated that their hospital/emergency facility had submitted requests for reimbursement for the sexual assault evidence collection examination to the SAFE program, 9 percent (8) had not, and 7 percent (6) were unsure. Of the respondents who had not submitted requests for reimbursement, they indicated that this was because there were "no assaults since implementation" of the protocol.

Almost all, 95 percent (74), respondents felt the instructions for submitting the request for reimbursement are clear and easy to follow and 94 percent (73) felt the forms are clear and easy to use. When asked if they or their staff have had any problems with using the SAFE program for reimbursement for the sexual assault evidence collection examination, 31 percent (22) responded that there have been problems. These problems included misinterpretations of form definitions, long length of the forms/service and denials for reimbursement if minor changes were made to the exam.

The average cost to the respondents' hospital/emergency facility for conducting the sexual assault evidence collection examination was \$711. The actual cost for the exam varied widely with a range of \$200-\$1,600 (Table 13).

**Table 13: Cost for Sexual Assault Evidence Collection Examination (n=48)**

Range	n/%
<\$500	7/15%
\$500-750	25/52%
\$751-1000	14/29%
>\$1000	2/4%

**Additional Information**

Three questions were included under additional information and asked respondents about clothing for victims, comfort measures available for victims and types of sexual assault programs that exist in the community. Eighty-four percent (72) of respondents reported that their hospital/emergency facility provided street clothing for victims after their clothes are taken as evidence as compared to 60 percent in 1997. Table 14 demonstrates the types of comfort measures that were available at responding hospitals/emergency facilities for sexual assault victims. Other comfort measures such as a private bathroom or shower facilities were available for sexual assault victims in some facilities.

**Table 14: Comfort Measures Available for Sexual Assault Victims**

	n = Respondents
Private waiting area for victim before exam	45
Private exam room	85
Private waiting area for victim's family or friends	43
Other	7

Participants were asked if certain sexual assault programs were available in their community. Table 15 indicates the number of hospitals/emergency facilities that have a SANE program, a county Sexual Assault Response Team (SART), a county coordinated response protocol for sexual assault and/or a county sexual assault task force.

**Table 15: Sexual Assault Response Programs Available in Hospital/Emergency Facility Communities**

	<b>n = Respondents</b>
Sexual Assault Nurse Examiner (SANE) program	67
County Sexual Assault Response Team (SART)	37
County coordinated response protocol for sexual assault	29
County sexual assault task force	29

### **Discussion and Recommendations**

This study allowed for the thorough evaluation of the revised ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination and helped to identify areas in need of further improvement to provide better services for sexual assault victims in Ohio. Overall, the revised protocol was widely regarded as being a valuable tool in the caring for victims of sexual assault. However, a number of areas need further attention and these will be highlighted in the following sections.

1. *More hospital/emergency facilities should implement a Sexual Assault Nurse Examiner (SANE) program and more communities should establish a Sexual Assault Response Team (SART).*

Although there have been great strides in implementing 43 SANE programs across Ohio beginning in 1994-1995 and funded by ODH since 1997, sexual assault victims could always be better served by a SANE or SART program. It would be ideal to have a SANE or SART program in every Ohio hospital or emergency facility, or at least every county.

2. *More hospitals and emergency facilities should collect and track demographic information on sexual assault victims.*

Although an increase in the number of facilities that collect demographic information on sexual assault victims was identified in this study as compared to the 1997 study, less than half of the responding facilities track this information. Interestingly, if demographic information was tracked, the facility was six times more likely to have a SANE program than not to have a SANE program, thus further highlighting the general usefulness of SANEs. Acquiring this information could allow for the creation of a database that could be used to track different populations of sexual assault victims treated in Ohio facilities. The need for group-specific services and/or programs could then be identified. A demographic information form could be included in the protocol that would require hospitals/facilities to collect this information.

3. *Additional training should be available/offered to those who care for sexual assault victims, especially in those areas in which they were “greatly needed.”*

While the majority of respondents had staff who had received training on either the previous or revised protocol, 13 percent of respondents had not. Since hospitals are required to follow the protocol in order to be eligible for reimbursement from the Attorney General's Office SAFE program for sexual assault evidence collection, all hospital and emergency facility staff that care for sexual assault victims should have some training in the protocol. This is the only way to ensure that the protocol is being followed as intended. Offering a hospital in-service on a regular basis could be a relatively easy way to provide protocol training.

Only half of participating facilities had staff that had additional training related to the protocol, the exam, topics in sexual assault, or working with special populations. Areas identified as those in greatest need of additional training included pediatric protocol procedures; testifying in court; taking photos of injuries; medical record documentation and working with child/youth victims; male victims and gay/lesbian/bisexual victims. On-site workshops, hospital in-services, conferences and/or training videotapes are just a few means that could be employed to increase the training experience for those caring for sexual assault victims. However, these offerings are often constrained by financial resources, which further heightens the need for greater awareness about sexual assault in health care professionals and the general population.

4. *While the overall quality of the forms in the ODH protocol manual and ODH Sexual Assault Evidence Collection Kit were widely regarded as excellent or good, some improvements could be made to certain forms.*

Specifically, almost 10 percent of respondents felt that it would be helpful if the anatomically correct drawing of bodies form had larger diagrams. This relatively easy change could facilitate better documentation of visible injury.

5. *There needs to be increased awareness among those caring for sexual assault victims that all sexual assault victims should be, when appropriate, made aware of and offered prophylactic treatment of sexually transmitted infections, referred for HIV testing and offered or referred for emergency contraception as indicated in the revised protocol.*

This apparent source of confusion should be addressed immediately. A limitation to the findings in this study is the fact that the questions may not have been appropriately worded. As indicated by the protocol, medical personnel should discuss, offer, and/or refer all sexual assault victims for STI prophylaxis, HIV testing and/or emergency contraception when appropriate. This should be clarified in future studies (explained in #10). Mass mailings and/or e-mails, Q&A sessions, workshops and training programs could be used to address these issues. All caregivers of sexual assault victims need to fully understand this issue in order to ensure that standards of care are being met.

6. *More hospital and emergency facilities should utilize a colposcope in female sexual assault cases.*

The use of a colposcope in the female sexual assault examination can facilitate the identification of trauma. Funding resources could aid in providing facilities with colposcopes and the necessary training for their proper use.

7. *More Ohio counties should have a local rape crisis program in place and utilize its services for sexual assault victims.*

Although there have been great strides in increasing the number of local rape crisis programs from 15 to 40 since 1997, sexual assault victims could always be better served by a local rape crisis program. It would be ideal to for every Ohio county to have a rape crisis or similar program. However, rape crisis programs are only useful to sexual assault victims if they are called upon for their services. This study found that in those areas where a rape crisis program is established, only 66 percent of respondents reported the program is called upon in 76-100 percent of cases. The existence of SANE and SART programs could also aid in a more integrated and coordinated response for the sexually assaulted victim.

8. *Problems with the SAFE program for reimbursement for the sexual assault evidence collection examination should be addressed.*

Almost one-third of respondents reported having problems with reimbursement from the SAFE program. Staff from the SAFE program provided the specific billing questions for the survey so that the reimbursement program could be evaluated. The results of these questions will be forwarded to the appropriate staff within the SAFE program. A complete listing of all written comments with regards to reimbursement questions is available.

9. *The amount for reimbursement for conducting the sexual assault evidence collection examination should be increased from \$500.*

The average cost of the exam according to the study respondents was \$711. This is well above the \$500 that hospitals/emergency facilities are currently being reimbursed through the Ohio Attorney General's Office Sexual Assault Forensic Evidence (SAFE) program. An increase in the reimbursement amount would help to better defray the actual cost of the exam for the hospital or emergency facility. This could possibly serve to improve the treatment sexual assault victims receive in that they would not be regarded as cases that "drain money."

10. *Future evaluations of the protocol should include changes to the study design in order to maximize participation and to ensure accurate respondent tracking and facilitate accurate question responses.*

Future evaluations should allow time for a few potential respondents to test or pilot the survey before it is mailed to all participants. This would allow for the identification of survey errors, questions that are difficult to understand, format problems and need for additional questions. In an attempt to increase future response rates, a longer time frame from when the survey is distributed to the deadline for responding

should be used. In addition, prior to mailing the surveys, an initial letter could be sent announcing the project and encouraging participation as a way to increase the response rate.

Although difficult to obtain because of an ever-changing healthcare world, an updated list of appropriate hospitals, emergency facilities and SANE programs would greatly facilitate future studies and aid in the calculation of an accurate response rate. Although only a few returned surveys in this study were from long-term acute care facilities that did not treat sexual assault victims, there were likely similar facilities that discarded the survey since it did not pertain to them, thus skewing the actual response rate. A few surveys were returned to sender for reasons including "no such address" and "undeliverable." Ideally, follow-up telephone calls could have been made to all of those who had not responded. Additionally, site visits with a subset of the study sample could be conducted in future studies to allow for in-depth questioning about the protocol.

Specific changes to the survey are recommended if it is to be used in future protocol evaluations. These include asking a question on the respondent's hospital name separate from the question about the name of the respondent's SANE program. A number of respondents misread this question and did not give their hospital name, writing in "do not have one" instead, referring to not having a SANE program. Adding a question about the name of the respondent's county would facilitate tracking which counties did or did not respond. Asking the respondent to provide a contact telephone number would greatly help if there was need for response clarification or follow-up questions.

With regard to Section A, questions 7a-h, it would be useful to ask respondents to please mark "none" if there were no sexual assault victims in that category who were treated in their facility. An "unsure" option should also be added. This recommendation stems from the fact that there were respondents who indicated that demographic information is tracked, but then marked the numerical ranges on only a few patient categories, leaving the others blank. It was unsure if the respondents simply did not know the approximate numbers on the categories that were left blank, or if it meant none were treated.

In section B, question 5, the area for respondent explanation should follow the "yes" response. This question's error caused confusion among some respondents. Section F, questions 2-4 were intended to ask about the percentage of sexual assault cases that were *offered or referred* for sexually transmitted infection treatment, HIV testing and emergency contraception if appropriate, not necessarily actually given. It was hoped that the responses would be primarily 100 percent of cases as mandated by the protocol. However, it is suspected that some respondents did not answer 100 percent as a result of "some patients declining/refusing" indicated on written comments. In the future, the questions could be paired to ask what percentage of cases were offered/referred and then what percentage of cases were treated/provided in their facility.

With regards to Section G, question 3, asking respondents to name the local rape crisis program would allow the researchers to determine if the county had a true rape crisis program or if respondents were referring to other types of programs (victim's advocate programs). The response options for Section I, question 3 may be redundant and should be changed in the future.

A future survey should include an area at the end of the survey that would allow respondents the opportunity to write any additional comments. Although there was not an official area for additional comments in the current survey, some respondents did use

the blank portion of the last page to explain their responses to certain questions and to give examples of positive or negative experiences. Respondents may be more likely to write additional comments in a designated area, knowing these comments are welcomed.

### **Limitations**

It is important to consider the sources of bias that may be in effect in this study. Those who responded to the survey may be more likely to use the ODH Ohio protocol, thus inflating the utilization and ratings of the protocol. It is also plausible that SANE programs would be more likely to respond than hospital/emergency facilities not as experienced or versed in caring for sexual assault victims. This may result in responses that are more positive in nature, creating a false sense that the environment of treating sexual assault victims is more warm and friendly than it actually is. Respondents may also have responded in ways that would in portray their facility as using the protocol more strictly than is truly done in their facility in order to be seen as more favorable in the eyes of the ODH and/or the SADVPP.

Due to the confusion of some questions, questionnaire error may have been in effect and the results obtained from these questions may not be completely accurate. This further highlights the need for future protocol evaluations.

### **Conclusion**

This study sought to evaluate the newly revised ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination and compare the results with the 1997 study of the older protocol version. There appears to be greater standardization of care of sexual assault victims as a result of the ODH Ohio protocol, and in turn, improvements in treatment of sexual assault victims. There have been significant improvements in the structure and organization of services offered to sexual assault victims via SANE programs throughout Ohio. However, areas of further improvements were identified as a result of this study. The necessary efforts and resources should be directed toward these areas in order to provide victims of sexual assault with the best possible comprehensive care possible.

### **References**

1. Nelson TS, DiNitto DM, Lewis CM, Just MM, Campbell-Ruggaard J. The Ohio Protocol for the Treatment of Adult Sexual Assault Survivors: A Five Year Follow-up Evaluation with Recommendations for the Future. December 1997.
2. Ohio Protocol For Sexual Assault Forensic And Medical Examination. Ohio Department of Health, Division of Prevention, Bureau of Health Promotion and Risk Reduction, Sexual Assault and Domestic Violence Prevention Program. Revised July 2002.

This study was conducted by SADVPP staff Judi Moseley, Beth Malchus, Debra Seltzer, Susan Williard-Gibler and Joyce Hersh along with Aimee Sanders, an Ohio State University MD/MPH student, as part of her MPH Field Practice Placement, October - December 2002.



**Ohio Department of Health (ODH) Ohio Protocol for Sexual Assault Forensic and Medical Examination Survey**

Instructions: Please complete each item by marking an "X" on the appropriate line and return the survey in the enclosed self-addressed envelope or fax (information given at end of survey) by **November 12, 2002**. Please print all written responses. Questions should be directed to ODH Sexual Assault and Domestic Violence Prevention Program (SADVPP) staff: Debra Seltzer, Beth Malchus or Judi Moseley at (614) 466-2144. Thank you in advance for your participation.

**A. General Information**

1. Name of person completing survey \_\_\_\_\_

2. Name of your hospital/Sexual Assault Nurse Examiner (SANE) program \_\_\_\_\_

3. Which of the following best describes your hospital/Sexual Assault Nurse Examiner (SANE) service area?

Urban  Rural  Mixed

4. Does your hospital/emergency facility provide treatment to sexual assault victims?

Yes (go to question 5)  No (go to question 4A)

4A. If your hospital/emergency facility never treats sexual assault victims, where are these patients referred for medical care and for the evidence collection exam? \_\_\_\_\_

4B. Why does your hospital/emergency facility not treat sexual assault victims? \_\_\_\_\_

**Thank you. Do not continue. Please return the survey in the enclosed self-addressed envelope.**

5. Has your hospital/emergency facility implemented a Sexual Assault Nurse Examiner (SANE) program?

Yes  No  Unsure

6. Does your hospital/emergency facility tabulate or track demographic information on sexual assault victims?

Yes (go to question 7)  No (go to question 8)

7. How many sexual assault victims in each of the these categories were treated in your hospital/emergency facility last year? *Please note: If you collect this information in a different format, please enclose a copy of your report when you return this survey.*

	None	1-10	11-25	26-50	51-100	over 100
a. Children (ages birth -12).....	_____	_____	_____	_____	_____	_____
b. Teenage girls (ages 13-17).....	_____	_____	_____	_____	_____	_____
c. Adult women (ages 18-60).....	_____	_____	_____	_____	_____	_____
d. Older women (age >60).....	_____	_____	_____	_____	_____	_____
e. People with disabilities.....	_____	_____	_____	_____	_____	_____
f. Ethnic/racial minorities.....	_____	_____	_____	_____	_____	_____
g. Teenage boys (ages 13-17).....	_____	_____	_____	_____	_____	_____
h. Adult males (ages >18).....	_____	_____	_____	_____	_____	_____

8. What is the total number of sexual assault victims treated in your hospital/emergency facility annually?

None  1-10  11-25  26-50  51-100  over 100

9. Are these figures based on actual patient counts or your best estimates?

Actual count  Estimates

**B. Ohio Department of Health (ODH) Ohio Protocol for Sexual Assault Forensic and Medical Examination**

1. Did you receive a copy of the ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination that was newly revised July 2002 and issued August 2002 (teal binder with white and teal cover)?

Yes  No (If no, please contact the SADVPP at (614)728-2707 for a copy of the protocol and respond only to questions that are relevant to your facility)

2. Is the revised ODH 2002 protocol kept in a place where your hospital staff/SANE staff have access to it?

Yes  No

3. In order for hospitals to be eligible for reimbursement from the Attorney General's Office SAFE program for sexual assault evidence collection, hospitals are required to follow the ODH protocol. Does your hospital/emergency facility use the current (revised) protocol?

Yes  No



4. Does your hospital/emergency facility adapt the protocol or do you have your examiners (physicians or sexual assault nurse examiners) work directly from the ODH provided protocol?

We use the ODH protocol exactly (go to question 5)  We adapt the protocol (go to question 4A)

4A. How is the ODH protocol adapted? Please specify \_\_\_\_\_  
\_\_\_\_\_

5. Are there any situations where the revised ODH sexual assault protocol is not used?

Yes  No, please explain \_\_\_\_\_

6. Overall, how would you rate the new format of the revised ODH 2002 protocol?

Excellent  Good  Fair  Poor

7. Overall, how would you rate the new content of the revised ODH 2002 protocol?

Excellent  Good  Fair  Poor

8. How would you rate the revised ODH 2002 protocol in preparing you to care for the sexually assaulted victim?

Excellent  Good  Fair  Poor

**C. Staff Training**

1. Have you or your staff received training on either the previous or revised ODH 2002 protocol?

Yes  No

2. Where did you or your staff receive training on either the previous or revised ODH 2002 protocol? Mark all that apply.

- Ohio Coalition On Sexual Assault (OCOSA) sponsored training
- Sexual Assault Nurse Examiner (SANE) sponsored training
- Hospital in-service
- Other (please specify) \_\_\_\_\_

3. Do any of your hospital/emergency facility staff have training in addition to the protocol training for treating sexual assault victims?

Yes (go to question 3A)  No (go to question 4)

3A. Please list who (nurse, nurse practitioner, physician, physician assistant) and source of training.

Who: \_\_\_\_\_ Training Source: \_\_\_\_\_

Who: \_\_\_\_\_ Training Source: \_\_\_\_\_

4. To what extent does your staff need additional training in the following areas?

	Greatly needed	Somewhat needed	Currently adequate
a. Medical record documentation.....	_____	_____	_____
b. Rape kit forms.....	_____	_____	_____
c. Sexual assault victim rights.....	_____	_____	_____
d. Sexual assault victim sensitivity.....	_____	_____	_____
e. Cultural awareness.....	_____	_____	_____
f. Chain of evidence.....	_____	_____	_____
g. Testifying in court.....	_____	_____	_____
h. Taking photos of injuries.....	_____	_____	_____
i. Working with victims' families.....	_____	_____	_____
j. Providing emotional support to victims.....	_____	_____	_____
k. Crisis intervention.....	_____	_____	_____
l. Knowledge of community resources.....	_____	_____	_____
m. Overall rape awareness.....	_____	_____	_____
n. Dispelling rape myths/ misconceptions.....	_____	_____	_____
o. Pediatric protocol procedures.....	_____	_____	_____
p. Overall protocol procedures.....	_____	_____	_____



5. To what extent does your staff need additional training on working with the following special populations?

	Greatly needed	Somewhat needed	Currently adequate
a. Child/youth victims.....	___	___	___
b. Teenage victims.....	___	___	___
c. Elderly victims.....	___	___	___
d. Male victims.....	___	___	___
e. Victims of acquaintance/date rape.....	___	___	___
f. Cultural/ethnic minority victims.....	___	___	___
g. Gay/lesbian/bisexual victims.....	___	___	___
f. Victims with mental/physical disabilities.....	___	___	___

**D. Forms in the ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination**

1. Overall, rate the following forms found in the ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination Manual.

	Excellent	Good	Fair	Poor	Unfamiliar with this form
a. Information You Should Know As A Sexual Assault Survivor...	___	___	___	___	___
b. Helping Your Child: A Note to Parents and Caregivers.....	___	___	___	___	___
c. Caring for Yourself: A Note to Survivors.....	___	___	___	___	___
d. After Care Information and Resources.....	___	___	___	___	___
e. Document of Care.....	___	___	___	___	___
f. Sample Notification Letter for Hospital/Facilities to Send After Examining a Child without Parental Consent.....	___	___	___	___	___
g. Emergency Contraceptive Fact Sheet Sample.....	___	___	___	___	___
h. Ohio Attorney General Sexual Assault Forensic Examination (SAFE) Payment Form.....	___	___	___	___	___
i. Sample Medical History Form.....	___	___	___	___	___

2. Overall, rate the forms found in the ODH Ohio Protocol for Sexual Assault Forensic and Medical Examination Kit?

	Excellent	Good	Fair	Poor	Unfamiliar with this form
a. Step 1: Ohio Department of Health Consent for Exam and Release of Evidence.....	___	___	___	___	___
b. Step 2: Assault/Abuse History.....	___	___	___	___	___
c. Procedure for Sexual Assault/Abuse Evidence Collection Checklist	___	___	___	___	___
d. Authorized release form to release information to law enforcement	___	___	___	___	___
e. Pre-labeled bag and envelope instructions.....	___	___	___	___	___
f. Anatomically correct drawing of bodies.....	___	___	___	___	___

3. Are the forms referred to in Questions 1 and 2 above given to sexual assault victims?

\_\_\_ Yes (go to Section E)      \_\_\_ No (go to question 3A)

3A. If no, please explain \_\_\_\_\_

**E. The ODH Sexual Assault Evidence Collection Kit**

1. Does your hospital/emergency facility use the ODH Sexual Assault Evidence Collection Kit?

\_\_\_ Yes      \_\_\_ No (go to Section F)      \_\_\_ Unsure (go to Section F)

2. Overall, how would you rate the quality of the ODH Sexual Assault Evidence Collection Kit from the Ohio Industries for the Handicapped (OIH)?

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

3. Overall, how would you rate your satisfaction with services from the Ohio Industries for the Handicapped (OIH)?

\_\_\_ Excellent    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

3A. Please comment on any experiences you have had with OIH \_\_\_\_\_



**F. The Medical Examination and Follow-Up**

1. On average, how long do victims wait to be seen by the examiner in your hospital/emergency facility?  
 0-20 mins     21-40 mins     41-60 mins     over 60 mins, specify \_\_\_\_\_
2. In what percentage of sexual assault cases does your hospital/emergency facility provide prophylactic treatment for sexually transmitted infections?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
3. What percentage of sexual assault victims are referred for HIV testing in the discharge plan?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
4. In what percentage of sexual assault cases does your hospital/emergency facility dispense emergency contraception?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure

4A. The revised ODH protocol states “should an institution or physician be precluded from providing emergency contraception for religious reasons, referral to another physician, health care institution or agency must be made that will be available to the patient within 72 hours after the assault occurred.” Are there occasions at your hospital/emergency facility in which such a referral is made?

Yes (go to question 4B)                       No (go to question 5)

4B. To whom do you refer? Please specify \_\_\_\_\_

5. In what percentage of female sexual assault cases does your staff use a colposcope?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure

**G. Community Resources for Sexual Assault Victims**

1. Who is called to respond to sexual assault victims’ emotional needs? Mark all that apply.  
 Local rape crisis counselor/victim advocate                       Nurse on duty  
 Hospital social worker     Other professional, specify \_\_\_\_\_  
 Hospital chaplain     No one is called  
 In-house advocate/counselor     Unsure
2. In what percentage of sexual assault cases does your hospital/emergency facility staff provide referrals to victims for follow-up counseling?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
3. Does your county have a local rape crisis program?  
 Yes     No     Unsure
4. In what percentage of cases is a rape crisis program called to send an advocate to your hospital/emergency facility?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
5. In what percentage of cases does a rape crisis advocate respond to your hospital/emergency facility after being called?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
6. Overall, rate the response of rape crisis counselors to sexual assault victims at your hospital/emergency facility.  
 Excellent     Good     Fair     Poor
7. Overall, rate the response of rape crisis counselors to staff at your hospital/emergency facility.  
 Excellent     Good     Fair     Poor
8. In what percentage of cases is a law enforcement department called?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
9. In what percentage of cases does law enforcement respond to your hospital/emergency facility after being called?  
 None     1- 25%     26-50%     51-75%     76-99%     100%     unsure
10. Overall, rate the response of law enforcement to sexual assault victims at your hospital/emergency facility.  
 Excellent     Good     Fair     Poor
11. Overall, rate the response of the law enforcement to staff to your hospital/emergency facility.  
 Excellent     Good     Fair     Poor



**H. Billing for the Sexual Assault Examination**

As of July 2001, under the Ohio Revised Code, the Crime Victims Compensation Fund (CVCF) administered by the Ohio Attorney General’s Office through the Sexual Assault Forensic Evidence (SAFE) Program is responsible for reimbursing hospitals for the collection of forensic evidence following a sexual assault. It is against the law for a hospital or other emergency facilities to bill victims of sexual assault for the sexual assault evidence collection examination.

Hospitals may be reimbursed through the SAFE program for up to \$500.00 for conducting the sexual assault evidence collection examination. In order to receive reimbursement, the ODH Protocol for Sexual Assault Forensic Evidence and Medical Examination must be followed and the evidence collected with an evidence collection kit that meets the ODH protocol specifications.

1. Has your hospital/emergency facility submitted requests for reimbursement for the sexual assault evidence collection examination to the SAFE program at the Ohio Attorney General’s Office?

Yes (go to question 1B)       No (go to question 1A)       Unsure (go to question 2)

1A. If no, please explain \_\_\_\_\_

1B. Are the instructions for submitting the request for reimbursement clear and easy to follow?

Yes       No

1C. Are the forms clear and easy to use?

Yes       No

1D. Have you or your staff had any problems with using the SAFE program for reimbursement for the sexual assault evidence collection examination?

Yes (go to question 1E)       No (go to question 2)

1E. If yes, please explain \_\_\_\_\_

2. What is the approximate cost to your hospital/emergency facility for conducting the sexual assault evidence collection examination? Please specify \$ \_\_\_\_\_

**I. Additional Information**

1. Does your hospital/emergency facility provide street clothing for victims after their clothes are taken for evidence?

Yes       No       Unsure

2. Which of the following are available at your hospital/emergency facility for sexual assault victims? Mark all that apply.

- Private waiting area for victim before exam
- Private exam room
- Private waiting area for victim’s family or friends
- Other, please specify \_\_\_\_\_

3. Which of the following are available in your community? Mark all that apply.

- Sexual Assault Nurse Examiner (SANE) program
- County Sexual Assault Response Team (SART)
- County coordinated response protocol for sexual assault
- County sexual assault task force

**Please mail or fax this survey by November 12, 2002 to:**

Judi Moseley  
Program Administrator  
SADVPP  
Ohio Department of Health  
246 N. High St., 8<sup>th</sup> floor  
P.O. Box 118  
Columbus, Ohio 43216-0118  
FAX: (614) 644-7740



## Appendix B

October 28, 2002

Dear Director of Emergency Nursing and/or Sexual Assault Nurse Examiner:

We are asking for your assistance in evaluating the newly revised Ohio Department of Health (ODH) Ohio Protocol for Sexual Assault Forensic and Medical Examination. This protocol was approved by the Public Health Council in August and was mailed to the Director of Emergency Nursing at all Ohio hospitals and to SANE programs in September. This protocol has a revision date of July 2002, is in a teal spiral binder and is white with teal lettering.

Please take a few minutes to complete the enclosed survey and return it by **November 12, 2002** in the self-addressed envelope that is also enclosed. It is very important to us to have your comments and feedback on the content, quality and usefulness of this protocol. We will use these evaluations to guide future revisions of the protocol.

We recognize the time line for return of the surveys is very short and apologize for that. We are fortunate to have Aimee Sanders a college intern from the MPH program at OSU working on this project but she has time constraints for completion of the evaluation analysis. Thus, we are asking for your assistance in returning the survey as soon as possible. You may receive a reminder phone call from Aimee just to expedite the survey returns.

As you may know, under Ohio law, hospitals and other health care facilities may now bill the Sexual Assault Forensic Evidence (SAFE) payment program at the Ohio Attorney General's Office for up to \$500.00 for the cost of conducting the sexual assault forensic evidence examination. The money to reimburse these costs come from the Crime Victims Compensation Fund. If your facility is not currently participating in the SAFE program you can call toll-free 1-877-584-2846 or 614/466-5610 to obtain information. ***It is against Ohio and federal law to bill the patient/victim of sexual assault for the costs of conducting the sexual assault forensic collection examination.***

Thank your for your assistance. Please contact me at 614/466-1259 if you have questions or do not have a protocol and wish to request one. There is no charge for the protocol.

Sincerely,

Judi Moseley, Program Administrator  
Sexual Assault and Domestic Violence Prevention Program  
Bureau of Health Promotion and Risk Reduction