



Sexual Assault Manual

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Indiana Department of Correction
Health Services Division

SEXUAL ASSAULT

I. Introduction:

Sexual assaults include all sexual acts committed without the full consent of all participating parties, whether or not force or threat is employed. Sexual assault victims require supportive treatment in order to minimize the likelihood of lasting and devastating emotional damage. Because sexual assault is a criminal act, certain procedures must be followed in order to identify and preserve evidence for use in prosecution. In correctional settings, correctional staff relies upon the local emergency rooms to perform evaluations and forensic examinations after sexual assaults.

When assessing a sexual assault victim, the contracted medical vendor must first identify injuries that are life threatening and initiate appropriate treatment. Sexual assault victims may have been beaten, cut, strangled, or otherwise injured. If life threatening injuries are present, these must be addressed before the deliberate evaluation of the sexual assault victim takes place.

II. Clinical Evaluation:

A) The initial assessment

- 1) The initial assessment shall take place (if possible) in a quiet, closed space with at least one officer (same sex as victim if possible) present, and additional staff as necessary for security.
- 2) Determine if the victim is being seen:
 - a) Immediately following the assault; or,
 - b) If time (days, weeks, or longer) has elapsed between the assault and the assessment.
- 3) Depending upon the time frame, the interventions will vary.

B) Subjective information: determine from the victim

- 1) The date/time/location of the assault
- 2) The identity of the assailant (to ensure that no contact will occur in the clinic setting.)
- 2) The nature of the assault

- 4) The presence of any injuries
 - 5) Concurrent infection with any STIs (especially Hepatitis B, HIV)
 - 6) Drug allergies if any
 - 7) For females, the date of the LMP
- C) Objective:
- 1) Obtain vital signs.
 - 2) Inspect the victim for injuries.
 - 3) Perform a brief mini mental status assessment noting the level of consciousness, orientation, affect, thought flow, attitude, level of anxiety, activity, and the presence of unusual thinking or suicidal ideation.
 - 4) Describe the physical appearance and demeanor of the victim.

III. Interventions:

- A. The assault happened immediately or less than 120 hours before the assessment:
- 1) Stabilize life or limb threatening injuries.
 - 2) Provide a calm and supportive setting. The victim may be in emotional shock and unable to cooperate fully.
 - 3) Explain that:
 - a. The role of the onsite Health Services vendor's staff is to provide immediate treatment for injuries, to provide a safe environment, and to refer the subsequent clinical and forensic investigation off-site to the local emergency room.
 - b. Sexually transmitted illnesses will be addressed at the emergency room.
 - c. Advise the victim not to use mouthwash or brush their teeth or have an elective bowel movement in order to preserve evidence.
 - 4) In cooperation with staff from Investigations and Intelligence, preserve loose objects or removed clothing by placing them in clean paper bags in accordance with Policy and Administrative Procedure 02-01-115, "Sexual

Abuse Prevention.”

- 5) If the victim consents to go to the hospital, arrange for transport either by state vehicle or ambulance, as clinically appropriate in accordance with HCSD 3.13 (A/Y), “Off-Site Referrals.”
 - 6) Pending transportation to the hospital, the victim shall not be unattended.
 - 7) Upon return, the victim shall receive a mini mental health assessment. Health Services staff shall consult with Mental Health either in person or via the on-call system and make an emergent, urgent, or routine referral as appropriate.
 - 8) If there are any questions about the victim’s capacity for decision making, contact psychiatry for assistance.
 - 9) In the event that the victim refuses clinical assistance, referral to Custody staff for consideration of protection and further investigation is still appropriate. State Form 9262 “Refusal and Release from Responsibility” shall be obtained and documented in the EMR.
 - 10) In all cases in which the victim refuses assistance, the on-call physician must be contacted for additional direction. An appointment shall be scheduled with the physician at the next scheduled clinic. Sexually transmitted illnesses shall be addressed at that appointment.
 - 13) If the victim refuses any services listed above, staff shall adhere to the refusal process outlined in Health Care Services Directive 2.12 (A/Y), “Consent and Refusal.”
- B. If greater than 120 hours has elapsed since the assault:
- 1) Stabilize or treat any injuries present.
 - 2) Provide a calm and supportive setting.
 - 3) Depending upon the time elapsed since the assault and the victim’s response to it, the victim may evidence varying degrees of distress ranging from acute shock through general distress or post-traumatic stress disorder. Consult with Mental Health either in person or via on-call system and make an emergent, urgent, or routine referral as appropriate.
 - 4) Explain that the role of the onsite clinical staff is to provide:
 - a) A safe environment,

- b) Treatment for injuries, and
 - c) Supportive counseling.
- 5) Explain that Investigations and Intelligence staff shall be informed regarding the assault and referral for criminal prosecution may be made by facility. (Even though the assault did not occur in the immediate past, evidence of the assault may still be available for preservation.)
 - 6) In cooperation with staff from Investigations and Intelligence, preserve loose objects or removed clothing by placing them in clean paper bags in accordance with Policy and Administrative Procedure 02-01-115, "Sexual Abuse Prevention."
 - 7) Contact the physician if the victim is distressed or injury is evident; otherwise refer the victim to the next scheduled physician sick call.
 - a) If the physician is contacted and determines that an off-site examination is necessary, handle as if the assault occurred immediately prior to the assessment.
 - b) If the physician is contacted and determines that off-site examination is not necessary, on-site examination is required.

The physician may determine when this will be provided.

- 9) If the medical assessment reveals any abnormal findings or behavioral health concerns, the victim must be kept under continuous observation pending professional behavior health evaluation or consultation.
- 10) If the victim refuses any services listed above, staff shall adhere to the refusal process outlined in Health Care Services Directive 2.12 (A/Y), "Consent and Refusal."
- 11) Clinical staff shall complete an incident report or other documentation as required by facility procedures for sexual assault.

C. Follow up: for All Victims:

- 1) Hepatitis B vaccination shall be considered if the alleged perpetrator is known to be HB positive.
- 2) If the victim returns from an off-site provider without HB being considered, the on-site staff shall consider vaccination within 5 days. Follow up doses of vaccine shall be administered 1-2 and 4-6 months after the first dose.

- 3) If the care is being given on-site, such vaccination shall be considered.
- 4) Empiric antimicrobial regimen for Chlamydia, gonorrhea, syphilis and trichomonas shall be considered.
- 5) HIV status shall be assessed at the time of presentation and again at 6, 12, and 24 weeks post-exposure shall be considered and offered to the victim. If HIV exposure has occurred or there is high risk of HIV transmission, post exposure therapy (PEP) shall be considered. Discuss antiretroviral prophylaxis, including toxicity and lack of proven benefit and provide PEP only if the victim wants to take it. Reevaluate the victim 7 days after initial assessment and assess tolerance of medications.
- 6) Emergency contraception shall be considered for female victims if the assault could have resulted in pregnancy.
- 7) Follow up of all sexual assault victims approximately 2 weeks after the assault shall be scheduled in order to evaluate for the presence of sexually transmitted illnesses not immediately obvious (including gonorrhea, syphilis, HIV, HB, trichomonas, and chlamydia as appropriate).
- 8) All victims shall be referred to mental health for a clinical evaluation and determination of need for treatment and seen within seven (7) calendar days of referral.