

# **Standard Operating Procedures**

Policy Name: Medical Management of Suspected Sexual Assault

Policy Number: 507.04.91	<b>Effective Date:</b> 02/01//2022	Page Number: 1 of 7
Authority: Commissioner	Originating Division: Health Services Division	Access Listing: Level I: All Access
	(Physical Health)	

# I. <u>Introduction and Summary:</u>

Offenders who have been sexually abused or assaulted will be treated in a professionally sensitive and non-judgmental manner and according to current therapeutic guidelines. This policy is applicable to all facilities that house Georgia Department of Corrections offenders, except county and private prisons that will follow their own policies.

# II. Authority:

- A. O.C.G.A. §§ 43-39-16, 37-3-166, and 16-6-5.1;
- B. NCCHC 2018 Adult Standard: P-F-06; and
- C. ACA Standards: 5-ACI-6C-14, 4-ALDF-4D-22-2, and 4-ALDF-4D-22-6.

### **III.** Definitions:

- A. **Sexual Abuse** Sexual Abuse will include, but will not be limited to, subjecting another person to sexual contact by persuasion, inducement, enticement, or forcible compulsion; subjecting to sexual contact another person who is incapable of giving consent by reason of his/her custodial status; subjection of another person to sexual contact who is incapable of consenting by reason of being physically helpless, physically restrained, or mentally incapacitated; and raping, molesting, prostituting, or otherwise sexually exploiting another person.
- B. **Health Care Provider** A licensed professional engaged in an official relationship with an offender. Includes nurses (licensed practical nurses and registered nurses), mid-level Health Care Providers (physician assistants and nurse practitioners), and physicians.

# IV. Statement of Policy and Applicable Procedures:

- A. Reports of Sexual Abuse or Assault:
  - 1. Outside the context of privileged patient-provider relationships, any Health Care Provider who becomes aware that an offender may have been subjected



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to sexual contact, sexual harassment, Sexual Abuse, or assault will notify the Warden or Facility Investigator. In the context of a therapeutic patient-provider relationship (Physician, Nurse), the provider will report the incident.

- 2. Offenders stating that they have been sexually assaulted, sexually abused, or sexually harassed will be treated in a professionally sensitive and non-judgmental manner. Staff will make no predetermined judgment regarding whether the reported incident occurred but will proceed with making arrangements for an appropriate evaluation based on the nature of the report.
- 3. In circumstances where the nature of the incident involves no physical contact (e.g., verbal comments, physical gestures toward the offender), medical will determine the need for an evaluation; however, counseling services will be discussed with the offender and referral made in accordance with SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment. Any incident involving sexual contact that may have resulted in injury, sexually transmitted infections, pregnancy, or has other health implications will result in a medical evaluation with the consent of the patient.
- 4. Although an offender may not wish to report an incident of sexual assault to facility authorities, any medical condition which has occurred as a result of such an event must be reported by the Health Care Provider to the facility clinician for evaluation. The offender will be informed by the Health Care Provider that the information will be disclosed to the clinician.
- B. Initial steps to be taken when reports of sexual assault are made:
  - 1. Should an offender report to a member of the health care staff that he/she has been sexually assaulted by another offender or a staff member, the Responsible Health Authority (Physician, Director of Nursing, or Health Administrator) will be notified. The offender will be held in the clinic until a determination regarding the evaluation process has been made.



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- 2. When an allegation of sexual assault has been made by an offender, arrangements will be made for a medical evaluation to determine the extent of physical injuries and to evaluate for sexually transmitted infections and/or possible pregnancy.
- 3. If the alleged sexual assault occurred within 72 hours of the reported incident, and the offender does not require transport to the ER, the designated facility SANE Nurse shall be immediately notified, and an appointment scheduled for the collection of forensic evidence. If the alleged sexual assault occurred more than 72 hours previously, the decision as to whether the evaluation is done will be made on a case-by-case basis. The decision will be made by the Responsible Health Authority in consultation with the Facility Investigator.
- 4. Medical evaluations will be conducted with the consent of the offender. Individuals refusing to be evaluated following a report of a sexual assault will be counseled regarding the medical and legal implications of foregoing the evaluation. This will be documented thoroughly in the health record, both in the progress notes and on a refusal of treatment form.
- 5. Health information regarding a sexual assault will be maintained confidentially and released only in accordance with Georgia Law and departmental policy.
- 6. The Responsible Health Authority at each facility will make arrangements in advance with a local hospital to evaluate patients who report sexual assault for instances when a SANE Nurse is not available to report to the facility. A quantity of three (3) to five (5) rape kits will be obtained from the Georgia Bureau of Investigation (GBI) and maintained at the facility. These kits will be used at the facility by the SANE Nurse as needed. In the event of a reported sexual assault and the SANE Nurse is not available, a sealed rape kit will be sent with the offender to be used at the outside medical facility.



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C. Evaluation of patients who have been sexually assaulted:

- 1. When an allegation of sexual assault is made by an offender, the Responsible Health Authority will be notified, and arrangements made for the patient to be initially evaluated in the medical section.
- 2. The patient will be interviewed in a setting that affords privacy to determine the nature and timing of the assault and the extent of physical injuries. First aid and emergency treatment will be provided in accordance with good clinical judgment.
- 3. If the assault has occurred within the previous 72 hours, the patient will be counseled regarding the need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. The patient will also be advised of the need for collection of evidence if prosecution of the assailant is to be considered. If the patient agrees to the evaluation, the designated facility SANE Nurse shall be immediately notified, and an appointment scheduled for the collection of forensic evidence. When a SANE Nurse is not available, the offender will be transported to the nearest medical facility for the examination. A consultation sheet will be sent with the offender in a sealed envelope marked "CONFIDENTIAL" to be completed by the examining clinician.
- 4. The patient will be transported by van unless the injuries are so severe as to require ambulance service. The patient may be accompanied by a staff member who can provide support to the offender, if possible. Under no circumstances will the patient be transported by a staff member who is or may be a suspect in the assault. A sealed rape kit will be taken to the local medical facility for the purposes of gathering evidence.
- 5. The patient will be evaluated for injuries related to the sexual assault by the facility medical staff or hospital staff, as appropriate. Evidence will be collected using the rape kit by either the SANE Nurse on-site or the ER staff, and chain of custody will be maintained. The offender will be evaluated for



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sexually transmitted infections and/or possible pregnancy. Correctional officers will not be present in the room during the clinician's evaluation unless security needs dictate otherwise. Health information related to the findings of the examination will be kept confidential.

- 6. For ER evaluations, the offender will be asked to sign a release of information permitting the hospital to release the information to the medical section to be placed in the health record. When the offender returns to the facility the offender will be referred to the medical section.
- 7. After completion of the medical evaluation, strong consideration will be given to admitting the offender to the infirmary or other safe environment for observation. There will be an evaluation by a qualified mental health professional for crisis intervention counseling and follow-up in accordance with guidelines developed by mental health services (See SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment). A follow-up appointment will be made within three (3) days for the offender with the institutional clinician. If no medical staff is on duty, arrangements will be made to place the offender in a safe environment until medical staff can provide follow-up care for the individual.
- 8. At the follow-up appointment, the clinician will assess the offender's physical and emotional status. For offenders that were seen in the ER for evaluation, the assessment will include a review of the consult sheet from the local hospital to determine if all medical aspects of the evaluation were completed.
- 9. If the sexual assault has occurred more than 72 hours prior to being reported, the decision as to where the medical evaluation will occur will be made on a case-by-case basis. Factors to be taken into consideration would include the duration of time elapsed since the reported assault (e.g., if the assault took place three weeks prior to the report, the patient would not have to be immediately transported to a medical facility, but the evaluation will be completed within 72 hours). The medical evaluation process is the same with the exception that a rape kit for evidence gathering is no longer indicated due to the time that has



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elapsed. Decisions regarding the need for sexually transmitted disease prophylaxis will be made based on the clinical circumstances and timing of the reported assault.

#### D. Medical Evaluation of Suspected Sexual Abuse:

- 1. The medical evaluation of offenders will include an exam and completion of evidence gathering using a rape kit (if appropriate to the circumstances).
- 2. A Neisseria gonorrhea culture will be obtained from any orifice involved in the description of the abuse (vagina, anus, and mouth), and syphilis serology drawn to establish baseline test results.
- 3. Human Immunodeficiency Virus (HIV) antibody counseling and testing will also be offered if the offender does not have a previous diagnosis of HIV infection. A baseline test should be drawn, and the test repeated in twelve (12) weeks and six (6) months.
- 4. Prophylactic treatment for sexually transmitted diseases will be provided if medically appropriate to the situation.
- 5. Offenders who are at risk of pregnancy (post-pubertal, premenopausal women who have not had a hysterectomy or been sterilized, who are not pregnant, and who are not using oral contraceptive pills, Norplant, or have an IUD) will be offered an approved "morning after pill" or its equivalent as prescribed to help prevent pregnancy.
- 6. The offender will be provided counseling and education to address the immediate concerns of the offender. Resources available for counseling and support will be discussed with the offender and arrangements made for the referral (See SOP 508.22 Mental Health Management of Suspected Sexual Abuse or Sexual Harassment).



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- 7. A follow-up appointment for female offenders will be made for the offender in two (2) weeks to repeat the pregnancy test, and all offenders will have a follow-up offender in one (1) month to repeat syphilis serology. An evaluation of the offender's physical and emotional status will be conducted, and other referrals made as indicated.
- 8. All medical information related to the evaluation will be kept confidential. Information will be shared to the extent required to make arrangements for the offender to be placed in a safe environment and to receive counseling services.
- 9. If the physician or designee determines that not all appropriate medical measures were taken by the outside medical facility, he or she will take steps to complete the evaluation and treatment process. All measures taken, including patient education and counseling, will be well documented in the medical record.
- 10. The physician or designee will ensure that the medical record contains the psychological counseling report in the mental health section as described in SOP 508.22, Mental Health Management of Suspected Sexual Abuse and Sexual Harassment.
- V. Attachments: None.
- VI. Record Retention of Forms Relevant to this Policy: None.