



Medical Screening Tool for Sexual Assault Advocates



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

Beginning in 2013, WCASA and partners at the Wisconsin Department of Health (DHS) and Health Care Education and Training (HCET) began meeting to improve collaborations between local family planning and reproductive health (FP/RH) providers and sexual assault service providers (SASPs). These efforts developed into the *Building Networks for Advocacy & Reproductive Health Project* – known as Building Networks.

In 2014, four counties were chosen through a competitive application process to participate in Building Networks:

- Iron: [DOVE, Inc.](#) & [Iron County Health Department](#)
- La Crosse: [New Horizons](#) & [Essential Health Clinic](#)
- Price: [Embrace](#) & [Price County Family Planning](#)
- Sauk: [Hope House](#) & [Family Planning Health Services](#)

In addition to developing and formalizing partnerships, Building Networks also focused on improving knowledge and skills for screening and assessment. For SASPs, the **Medical Screening Tool for Sexual Assault Advocates** was developed. Historically, efforts in this area have focused on domestic violence. While the tool includes information on reproductive coercion (as well as links to information on domestic violence), it attempts to fill the gaps to provide guidance for a more comprehensive screening to assess the medical needs of sexual assault survivors.

This tool is intended to be used by programs who have already established relationships with their local FP/RH provider, as there are multiple places for referrals for services. If you are interested in more information on how sexual assault advocates can partner with family planning and reproductive health providers, please contact Kelly at kellyml@wcasa.org.

Medical Screening Tool for Sexual Assault Advocates

This screening tool will assist advocates (staff & volunteers) at Sexual Assault Service Providers (SASPs) assess for medical needs. It is important to have established relationships with local medical providers – specifically, the family planning/reproductive health provider – in order to make the needed referrals. Advocates are not expected to be experts in these areas; rather, have a basic understanding on the issues to provide basic information and make referrals. This tool will address health related issues in five areas:

1. General Health
2. ACUTE Sexual Assault
3. Sexual Assault within context of Interpersonal Violence
4. Ongoing Health Care Needs
5. Past Trauma/ACE

Note: ***bolded and italicized*** items are questions intended to be read to the client. Non-bold items are general notes for the advocate to consider.

All questions must be adapted to what you already know about the survivor's history (eg: stated concerns, types of assault, sex and gender identity).

******IMPORTANT: WORKING WITH MINORS******

Be sure to review mandatory reporting requirements for medical personnel, during the decision making process with the survivor. It is important that they know that all medical personnel are mandatory reporters of sexual assault, which may impact their reporting decisions.

Minors can access certain health care services confidentially – including testing for pregnancy and STDs. However, there are exceptions to this. For more information, see (http://www.wcasa.org/file_open.php?id=177).

1. General Health Screening

**To be asked during ALL intakes*

Do you have any immediate health care needs or concerns?

Do you have any immediate concerns related to your health, as a result of the incident?

If yes – Ask appropriate follow-up questions to assess needs & make referrals

Possible health care needs could include: Diabetes, asthma, heart conditions, etc. which could be impacted by trauma.

2. Acute Sexual Assault Screening

**To be asked when history indicates a "recent" assault*

**FORENSIC
EXAM**

You have options in seeking medical care and having a forensic examination. Let's take some time to discuss all of them.

Options in Medical Care/Evidence Collection:

1. Medical Exam Only (no forensic exam/no police report)
2. Forensic Exam and Police Report
3. Forensic Exam and No Police report
4. No exam and No police report

Take the time to really explore these options, particularly if the survivor is unsure. Make sure not to pressure the survivor into any option, as well as offer your support and advocacy regardless of decision. Also be sure to make a referral to family planning clinic for any future needs.

Note: The follow-up questions related to pregnancy and STDs may not be necessary to ask if you are referring the survivor for medical care or forensic evidence collection. Both issues should be addressed as a part of those examinations.

PREGNANCY

Even though the chance of pregnancy may be low, sometimes it can be a worry, and that's normal. There is (free & confidential) testing available locally. If it is something you're worried about, we can talk about options. Is pregnancy a concern for you?

If yes – Resources to consider:

- Emergency contraception/EC* (available over-the-counter or by referral)
- Pregnancy test (available over-the-counter or by referral)

If no – Explore why to determine next steps:

- Possible reasons might include: type of assault wouldn't cause pregnancy; current birth control use; already pregnant; other medical reasons

**Note: Educate yourself about the [morning-after pill/emergency contraception](#). It is important to know the policies of local hospitals and pharmacies related to EC distribution. Wisconsin Act 102 – [Compassionate Care for Rape Victims](#) – requires emergency departments to provide medically accurate information about EC and dispense the prescription on site.*

**SEXUALLY
TRANSMITTED
DISEASES/
INFECTIONS**

Even though the chance contracting a sexual transmitted diseases may be low, sometimes it can be a worry, and that's normal. There is (free & confidential) testing available locally, and resources for treatment if needed. Are STDs something you're worried about?

If yes – Resources to consider:

- Prophylactic regimen for preventive treatment of STDs
- STD testing

If no – Explore why to determine next steps:

- Possible reasons might include: type of assault wouldn't cause STD; use of condom during assault

3. SA in the context of IPV Screening

**To be used in incidents of Intimate Partner Sexual Violence*

Has your partner destroyed or tampered with your birth control, refused to use birth control or prevented you from using it?

Has your partner forced you to become pregnant when you didn't want to or to terminate a pregnancy that you didn't want to?

Does your partner make you have sex when you don't want to? Or are you afraid to say no when you don't want to have sex?

If the survivor answers YES to any of these questions, follow-up with additional intimate partner violence services, including: safety planning, lethality assessment, shelter, etc.

For more information on IP-SV and health:

<http://www.futureswithoutviolence.org/health/reproductive-sexual-health/>

<http://www.wcsap.org/ipsv-train-trainer-kit>

4. Ongoing Health Care Needs

**To be used in subsequent visits with survivor (non-acute)*

***ONGOING
HEALTH ISSUES
& NEEDS***

Do you (or your children) have any health concerns or medical issues we should know about?

Are you (or your children) on any medication that we should be aware of?

If yes – Ask appropriate follow-up questions to assess needs & make referrals

Do you (and your children) have health insurance?

If no – follow-up:

- ***Would you like help with trying to get health insurance?***

While we don't expect advocates to be experts on health insurance, we are hoping you can identify referrals in your community to help. You can find more information about local resources for health care: <https://www.healthcare.gov/>

For more information about the Affordable Care Act, specifically the "Health Cares about IPV – Intimate Partner Violence Screening & Counseling Toolkit": <http://www.healthcaresaboutipv.org/aca-resources/>

5. Past Trauma/ACE Screening

**To be used in subsequent visits with survivor (non-acute)*

1. Did a parent or other adult in the household often or very often...

- ***Swear at you, insult you, put you down, or humiliate you? or***
- ***Act in a way that made you afraid that you might be physically hurt?***

2. Did a parent or other adult in the household often or very often...

- ***Push, grab, slap, or throw something at you? or***
- ***Ever hit you so hard that you had marks or were injured?***

3. Did an adult or person at least 5 years older than you ever...

- ***Touch or fondle you or have you touch their body in a sexual way? or***
- ***Attempt or actually have oral, anal, or vaginal intercourse with you?***

4. Did you often or very often feel that ...

- ***No one in your family loved you or thought you were important or special? Or***
- ***Your family didn't look out for each other, feel close to each other, or support each other?***

5. Did you often or very often feel that ...

- ***You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or***
- ***Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?***

6. Were your parents ever separated or divorced?

7. Was your parent:

- ***Often or very often pushed, grabbed, slapped, or had something thrown at them? Or***
- ***Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or***
- ***Ever repeatedly hit at least a few minutes or threatened with a gun or knife?***

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Did a household member go to prison?

Add up the "Yes" answers: _____. This is the ACE Score.

Adverse Childhood Experiences (ACEs) have been linked to a wide range of physical, mental and behavioral problems in later life. For more information about ACE, refer to: <https://preventionboard.wi.gov/Pages/OurWork/ACE.aspx>. Some important things to know: ACEs are common; ACEs are highly interrelated; ACEs have a cumulative impact that is captured by the ACE score.

Knowledge about ACEs should not be used as a diagnosis or prescription: while the relationship between ACEs and negative outcomes are causal, they are not definite or unchangeable. Understanding of trauma history can be helpful both for survivors and service providers to identify needs and case planning. For more information about what an ACE score means, please see: <https://acestoohigh.com/got-your-ace-score/>.