



Working to end sexual violence in Maryland

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Maryland SAFE Information & Resources

This document provides an overview of national and state best practice recommendations for sexual assault forensic exams (SAFEs). The policies and protocols listed in this document are extensive and comprehensive. If you are looking for specific information regarding SAFE policies, or need assistance locating best practices, please feel free to contact MCASA's subject matter experts by emailing info@mcasa.org. The topic areas below have been discussed during previous Maryland Sexual Assault Victim Advocate Calls. If you, or your agency, provide advocacy services to survivors of sexual assault in Maryland and are interested in joining these weekly calls, please email collaborate@mcasa.org to be added to the email list. *This document will be updated as appropriate.*

[National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents](#)

U.S. Department of Justice
Office on Violence Against Women
April 2013 NCJ 228119

This protocol provides detailed guidelines for criminal justice and health care professionals responding to the immediate needs of sexual assault survivors. The protocol addresses a myriad of topics including the provision of victim-centered sexual assault forensic exams that prioritize both the collection of evidence with state-of-the-art techniques and the sensitive and trauma-informed treatment of survivors seeking care. Topics include, but are not limited to, victim-centered care, informed consent, confidentiality, timing considerations for collecting evidence, initial contact, exam and evidence collection procedures, discharge and follow-up, and examiner court appearances.

Below you will find essential information regarding the timely response to survivors seeking medical forensic care and medical services including STI and pregnancy testing, emergency contraception, and prophylaxis treatment.

Triage and Intake (pg. 83-84)

- "Consider sexual assault patients a priority."
- "Perform a prompt, competent medical assessment. Then respond to acute injury, the need for trauma care, and safety needs of the patients before collecting evidence."
 - "In addition to promoting physical health, sensitive and timely medical care can help reduce the likelihood of acute psychological trauma and it's aftereffects, support patients' existing and emerging coping skills, and set the tone for the patients' resumption of normal functioning."
 - "Acute medical needs take precedence over evidentiary needs. Patients should be instructed to not wash, change clothes, urinate, defecate, smoke, drink or eat until initially evaluated by examiners, unless necessary for treating actual medical injuries."
 - "Alter examiners of the need for their services. The SART/SARRT, if one exists, can work with exam facilitates to identify acceptable timeframes to conduct a medial forensic exam after a patient's arrival and medical evaluation, management, and stabilization. If examiners are not based at the site or need to be dispatched, the facility should contact them immediately after identifying a sexual assault patient. *Examiners are often required to arrive at the exam site within a certain period of time (e.g., 30 minutes) after being dispatched.*"

- MCASA recognizes that each hospital and SAFE Program will have different levels of capacity to set a timeframe up. However, when determining an appropriate timeframe consideration of potential evidence degradation and trauma-informed and victim centered care should be considered.

Victim-Centered Care (pg. 29-42)

- Explore the needs of specific populations, including:
 - Victims from various cultural groups (pg. 32)
 - Victims with limited English proficiency (pg. 32 – 33)
 - Victims with disabilities (pg. 33 – 35)
 - Male victims (pg. 35)
 - Adolescent victims (pg. 35 – 36)
 - Older victims (pg. 36 - 37)
 - Victims in the military (pg. 37)
 - American Indian and Alaska Native victims (pg. 37 – 38)
 - Lesbian, gay, bisexual, or transgender (LGBT) victims (pg. 38 - 39)
- “Recognize the importance of victim services within the exam process. In many jurisdictions, sexual assault victim advocate programs and other victim service programs offer a range of services before, during, and after the exam process. Ideally, advocates should begin interacting with victims in a language the victims understands prior to the exam, as soon after disclosure of the assault as possible...”

STI Evaluation and Care (pg. 111-113)

- See page 111 for info on testing for STIs at the time of the SAFE.
 - “Contracting a sexually transmitted infection (STI)... from assailants is typically a significant concern of sexual assault patients. Because of this concern, it should be addressed as part of the medical forensic exam. Mechanisms should be in place in any setting where these patients are examined for STIs to ensure continuity of care (including timely review of test results) and monitor compliance with, and adverse reactions to, any therapeutic or prophylactic regimens.”
 - “Consider the need for STI testing on an individual basis. Testing at the time of the initial exam does not typically have forensic value... there may, however, be situations in which testing has legal purposes, as in cases where the threat of transmission or actual transmission of an STI was an element of the crime. Or, for non-sexually active patients a baseline negative test followed by an STI could be used as evidence, if the suspect also had an STI.”
 - “Encourage patients to accept prophylaxis against STIs if indicated. If prophylaxis is accepted at the time of the exam, testing is usually not indicated medically... Meet or exceed current CDC guidelines for STI preventative therapy for your geographic area. If prophylaxis is declined at the time of the initial exam, it is medically prudent to obtain cultures and arrange for a follow-up examination and testing (it is recommended that all patients are reexamined – see section on follow-up activities). Document patients’ decisions and rationales for declining prophylaxis in their medical records.”
 - “Address concerns about HIV infection.”
 - *Note: Maryland provides survivors of sexual assault with access to a full course of HIV prophylaxis treatment (nPEP or PEP) free of cost. This is available to survivors whether or not they receive a full SAFE.*
 - “Provide information and referrals. Examiners should talk with patients about their concerns regarding the possibility of contracting HIV. Although a definitive statement of benefit cannot be made regarding Post Exposure Prophylaxis (PEP) after sexual assault, the possibility of HIV exposure from the assault should be assessed at the time of examination. The possible benefit of PEP in preventing HIV infection should also be discussed with the patient if the details of the assault pose an elevated risk for HIV exposure.”

- “Discuss testing options.”
- “Assess the need for HIV postexposure prophylaxis... Health care personnel must evaluate patients’ risk of exposure to HIV and consider whether to offer treatment based on their perceived risk... Numerous factors may influence the decision to offer treatment...”
 - *Note: not all survivors will be eligible for treatment. Medical professionals, including FNEs, are trained to conduct thorough risk assessments and determine medication needs based on said assessment.*
- “When given following a sexual assault postexposure prophylaxis... refer to CDC recommendations for postexposure antiretroviral therapy and consult with an HIV specialist where possible. Careful monitoring and follow-up by a health care provider or agency experienced in HIV issues is required.”

Pregnancy Risk Evaluation and Care (pg. 115-116).

- “Recommendation to administer a pregnancy test for all patients with reproductive capability (with their consent).”
- “Discuss treatment options with patients, including emergency contraception (EC).”
- “If the emergency department (ED) chooses not to provide EC on site, the patient should be given prescriptions for EC and anti-nausea medications, with a list of pharmacies that stock the medication.”
- “If the ED is not willing to provide EC or write the needed prescriptions it is recommended that that patient be given local referrals to medical facility that can *immediately* assist with an alternative treatment.”

Governor’s Office of Crime Prevention, Youth, and Victim Services: [Sexual Assault Reimbursement Unit\(SARU\) Program Overview](#)

This page provides an overview of the SAFE reimbursement process in Maryland including access to [post exposure prophylaxis \(HIV Prophylaxis known as “nPEP” or “PEP”\).](#)

- The SAFE Reimbursement process is still in development. GOCPYVS is seeking feedback from FNEs and SAFE Program Coordinators to ensure that the process is as smooth as possible.
- If you, or your local SAFE Program, are interested in providing feedback and participating in reimbursement opportunities, please email info@mcasa.org and our staff will make sure you receive all future updates.

Sexual Assault Evidence Kit Policy and Funding Committee Annual Reports

The Maryland Sexual Assault Evidence Kit Policy and Funding Committee (SAEK Committee) was established in 2017 and is responsible for the development and dissemination of best practices, recommendations, and policies regarding sexual assault evidence kit testing, retention, availability, and funding; stakeholder coordination; the shortage of forensic nurse examiners; and victim notification. The SAEK Committee is chaired by the Attorney General, or his designee, and includes members for a cross-section of professionals involved in sexual assault response including forensic nurses, prosecutors, crime lab personnel, advocates, and law enforcement. Each year the SAEK Committee issues an annual report with information on statewide efforts related to sexual assault evidence kit reform, victim notification, criminal investigations, and medical forensic care.

The reports listed below highlight the work of the Availability of Exams and Shortage of Forensic Nurse Examiners Subcommittee (FNE Subcommittee) and best practices related to the provision of SAFEs in Maryland.

- [SAEK Committee 2019 Annual Report](#)
 - FNE Subcommittee recommendation regarding advocate presence during sexual assault forensic exams (pg. 24 – 25).
- [SAEK Committee 2020 Annual Report](#)
 - SAFE Program policies regarding standard of follow-up care and victim outreach (pg. 29 – 30)

- This report includes 7 recommendations including a timeframe for conducting follow-up outreach, protecting patient privacy and safety, coordinating outreach with SART members, and providing patients with law enforcement reporting options, including an anonymous consult when possible.
- [SAEK Committee 2021 Annual Report](#)
 - Recommendations to help ensure widespread compliance with SAEK policies and statutory/regulatory available in a Sexual Assault Forensic Exam Resource Guide for SAFE Programs. The resource guide contains 3 documents (listed on pg. 29 – 30) including the following:
 - Maryland Regulatory and Statutory Information that Health Care Providers Should Provide/Convey to Sexual Assault Victims (Appendix G: pg. 55 – 59).
 - This document was used to guide the development of the *Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process* and *Your Sexual Assault Evidence Kit: Know Your Rights* brochure (listed below). If programs implement the use of these two documents, all statutory and regulatory requirements will be met.
 - Model Information Document: **Understanding Your Options: An Overview of the Sexual Assault Forensic Exam Process** (Appendix H: pg. 60 -65)
 - The FNE Subcommittee Chairs aim to invite the SAFE Coordinators from every SAFE Program in Maryland to subcommittee meetings. All coordinators are encouraged to participate to remain up to date with statewide efforts and policy updates.
 - **Your Sexual Assault Evidence Kit: Know Your Rights brochure** (Appendix I: pg. 66 -67)
 - The brochure will soon be available, free of cost, to all SAFE Programs, Rape Crisis Centers and Advocacy Programs, and Law Enforcement Agencies.
- [SAEK Committee 2022 Annual Report](#)
 - HIV nPEP Pilot Program updates (pg. 21-25)
 - Discussion on how the SAEK Committee created an HIV nPEP reimbursement form to simplify the process of reimbursement for SAFE Programs.
 - Publication of a guidance document with a step-by-step guide regarding how to complete the forms is discussed in detail (pg. 23-24).
 - Dialogue Series (pg. 34-35)
 - Discussion and explanation of the various dialogue series hosted throughout the year including:
 - Storing and transferring of SAEKs
 - Drug-Facilitated Sexual Assault
 - Impact of the SAKI grant & Benefits of Collaboration between SAEK Practitioners
 - Statewide SAEK Tracking System
 - FNE Subcommittee’s Recommendation for SAFE Program DFSA Policy (Appendix B, pg. 50-51)
 - Discussion on identification of DFSA cases, informed consent, and toxicology screenings
- [SAEK Committee 2023 Annual Report](#)
 - Dialogue Series (pg. 20-30)
 - Discussion on the expansion of the previous year’s topics specifically addressing the FNE Subcommittee’s recommendations.
 - Updated MCASA victim notification data (Appendix A, pg. 40-41).