

Standardizing care for sexual assault survivors

By Jennifer A. Korkosz, DNP, WHNP-BC

Across the United States, women who seek immediate care following sexual assault can expect to receive thorough and uniform care in a variety of clinical settings. This approach to the acute care of sexual assault survivors comes as a result of the evolving and growing role of sexual assault nurse examiners (SANEs)—nurses who are educated and prepared to follow standardized guidelines and criteria. However, the follow-up care that sexual assault survivors receive from their regular healthcare providers (HCPs) can vary greatly. Many women receive inadequate post-assault care, which may compromise their recovery and even exacerbate the aftereffects of an already harrowing experience. Ensuring that follow-up examinations are every bit as thorough and uniform as the initial care should be a priority for HCPs.

Incomplete or inadequate care in the weeks and months following a sexual assault can lead to long-term physical and mental sequelae. To limit these sequelae, clear-cut standardized clinical guidelines are needed. Using current national recommendations and reports from experts in the field,¹⁻¹² together

with her own clinical experience and input and advice of 17 community-based advanced practice nursing colleagues who comprised a focus group, the author developed and copyrighted a clinical practice guideline tool that can be used in primary care practices. This tool—a Clinical Flow Sheet Post Sexual Assault[®]—incorporates all aspects of a patient's recovery and well-being to support a holistic recuperation. ●

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Clinical Flow Sheet Post-Sexual Assault[©]

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Patient name (Last, First, MI)		SAFE exam conducted? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, call SANE for an appointment)	Legal plan in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Resources needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	1 week post-assault	2 weeks post-assault	1-2 months post-assault	4-6 months post-assault
Height:	Weight:	DOB:					
Physical examination							
Physical injuries: Continue to follow until completely healed							
Signs and symptoms (e.g., discharge, rash, odor, itching): Evaluate							
Persistent symptoms (e.g., joint/muscle pain, lack of appetite, pelvic or abdominal pain): Note development and evaluate							
Laboratory tests							
Previous tests: Review results from previously tested samples							
Pregnancy testing: Administer if no menstrual cycle since assault							
<i>N. gonorrhoeae</i> and <i>Chlamydia trachomatis</i> testing: Check for infection if antibiotic prophylaxis was not previously completed and if symptoms are present							
Syphilis and HIV testing: Repeat at 6 weeks and at 3-6 months							
Medications							
Previous medication(s): Ask whether patient has completed course(s)							
Hepatitis B vaccination: Administer at 1-2 months and at 4-6 months following first dose							
Antidepressant or anti-anxiety medications: Consider prescribing as needed							
History							
Safety: Ask patient, "Do you feel safe at home? Do you feel safe with friends? Do you feel safe at school? Do you feel safe at your job?"							
Sleeping habits: Ask patient, "Do you have difficulty falling or staying asleep?"							
Substance use/misuse: Ask patient, "Do you need to use alcohol or drugs to help you function or sleep? Have you found it necessary to self-medicate?"							
Relationship status: Ask patient, "How are you doing with your partner? Have you begun counseling?"							
Intrusive thoughts, nightmares, flashbacks: Ask patient, "Do you find yourself having a difficult time dismissing memories or find that you are reliving events?"							
Return to previous habits, lifestyle, relationships: Ask patient, "Do you find yourself avoiding activities that used to bring you pleasure? Have you returned to the activities in which you used to participate?"							
Psychological status							
Ongoing support/referrals: Provide as needed							
Posttraumatic stress disorder: Screen patient utilizing clinical resources available							
Depression: Screen patient utilizing clinical resources available							
Anxiety: Screen patient utilizing clinical resources available							
Coping methods: Ensure that coping is adequate and counseling has been thorough							

■ The shaded boxes represent the items that need to be completed at each particular visit.

Readers are welcome to photocopy this tool and utilize it in their practice.
The author would appreciate feedback regarding the tool; readers can reach her at jennifer.korkosz@usuhs.edu.