

Chapter 6

Advocating in the Medical Setting

“The bravest thing you can do when you are not brave is to profess courage and act accordingly.” ~ Corra Harris (1869-1935)

OBJECTIVES FOR THIS CHAPTER

- Learn the procedures for a medical examination following a sexual assault
- Learn to provide in-person medical advocacy in local hospitals
- Learn how and when to make referrals for HIV testing and other medical services
- Understand the team role of the Sexual Assault Nurse Examiner in the legal process

RVAP advocates provide in-person advocacy in local medical settings and police departments. Before addressing specific medical advocacy issues, we will explore the role of an in-person advocate, and the role of medical and legal personnel likely involved following the report of a sexual assault.

Terms to Know

SART: Sexual Assault Response Team

SANE: Sexual Assault Nurse Examiner

STI: Sexually Transmitted Infection

Prophylaxis: Disease prevention

Plan B: Term used for drugs given for pregnancy prevention

IP: Acronym used for the RVAP in-person advocate

SBU: Acronym used for the RVAP staff back-up person

WHAT IS ADVOCACY?

As an IP advocate, your role will be to offer emotional support and information to the sexual assault victim. You may also offer these services to family or friends that may accompany the victim to the hospital or police department.

As an RVAP Advocate:

You will help the victim regain a sense of control. Demonstrating to the victim that they have the ability and the right to make choices will help to reestablish control that the rapist took away.

Your presence at the hospital or police department sends the victim the message that people care, believe, and want to offer support. As you offer the words, “It is not your fault no matter what,” you help the victim start on a journey of letting go of self-blame and societal blame for what happened. **Self-blame and blame by others are often the largest obstacles to healing and ones that no victim deserves.**

Your mere presence during the medical or legal process signals a reconnection to humanity, since rape is such an isolating experience. The rapist used human-to-human violence to intentionally violate the victim. In doing so, the rapist, at least temporarily, cut off connection to other people.

Your presence at a medical or legal process begins an important relationship with the victim. As you build a rapport with the victim, by demonstrating compassion, caring and respect, you increase the likelihood that the victim will continue to reach out to RVAP and perhaps other agencies for services important for healing. It is not unusual for an RVAP advocate to go to the hospital to be with a victim for an exam, then months later, have that person call or come in to RVAP for counseling or further advocacy.

You will offer the victim accurate information and outline options. You will help the victim weigh the pros and cons of choices they may choose. Most importantly, you will set aside opinions or any agenda you may have regarding decisions or choices the victim may make. To be a good advocate, you must offer information and options, and support choices the victim makes. Only the victims know what is best for them at that time. With sufficient information, they are the experts in their own healing.

Research tells us that the sooner victims encounter supportive people, the faster they are able to heal. You may have the opportunity to speak with the victim’s family or friends (significant others). By helping them cope with the secondary trauma they are

experiencing, and offering them support and information, you accomplish two things: (1) you provide much needed services to the significant others and (2) you help to create a better support network for the victim.

No single agency can meet all the needs of the sexual assault victim. Rape crisis centers, medical professionals, law enforcement, and prosecutors have recognized the benefits of collaborating in their work with sexual assault survivors. In Johnson County, this collaboration first began in the early 1990's, when RVAP was instrumental in the inception of SAIT (Sexual Assault Investigation Team).

RVAP continued to be involved when Johnson County SART was conceived. SART stands for Sexual Assault Response Team and consists of many of the same agencies as SAIT. Demonstrated to be an effective model for providing better services to sexual assault victims, the SART concept includes crisis intervention and long-term counseling, investigation and evidence collection, and a more sensitive initial medical response to rape victims.¹

You will work with medical and legal personnel to provide the best services for the victim. This calls for professionalism and teamwork. While it is important to work with the medical and legal team members, you must remember that you are there to advocate for the victim. Most often police or medical personnel are acting in the best interest of the victim, but sometimes the victim will choose not to have a medical exam or report to the police. You will support the choice the victim makes. You are not advocating for the victim “against” the police or medical personnel. You are simply supporting the victim in whatever choice they have made. When advocating in these settings, it is best to stay with the victim. Avoid being drawn into “sidebar” conversations with police or medical staff as this may cause the victim to question your allegiance.

We will further look at the role of the advocate by examining excerpts from Sexual Assault Advocate/Counselor Training.² Some of the following information is quoted directly and some has been adapted to apply to RVAP.

Advocacy provides victims with information about their options so they can make educated choices (Ledray 1988 An advocate's main focus will be trauma-specific, addressing the current assault and any issues or consequences that arise as a result of

¹ Ledray, Linda. “Sexual Assault: Clinical Issues, SANE, and Expert Testimony.” *Journal of Emergency Nursing* 24. 3 (1998): 284-287. Print.

² Ledray, Linda, Sharon Moscinski, and Carla Ferrucci. *Sexual Assault Advocate/Counselor Training*. Washington, D.C.: Office for Victims of Crime, US Department of Justice, 2002. Print.

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that crime. But, it is also important for the advocate to be sensitive to preexisting life problems

or issues that may affect recovery from the assault. Issues such as sexual abuse, an abusive relationship, substance abuse, mental health issues or financial troubles are issues for the advocate to address. It is important for the advocate to know when to make a referral to RVAP staff or other community resources in order to best assist the victim in healing (Young, 1993).

The overriding tenet of advocacy is to listen and believe the victim. The healing power of this is extraordinary. The unfortunate reality is that an advocate may be the only person who believes a victim without question, comment or blame, which makes the words “I believe you,” and the corollary, “It wasn’t your fault,” that much more powerful.

Another advocacy maxim is “neither investigate or judge.” Asking questions such as “are you sure?” or “did that really happen?” so the account “makes sense” can jeopardize your relationship with the victim. An advocate is present as an ally for the victim. **Advocates are the only first responders who have no other responsibilities or pressing agenda.**

The medical professional who participates in a SART is very often a Sexual Assault Nurse Examiner (SANE). SANEs are specially trained nurses who are on-call to go to specified emergency departments or medical clinics. SANEs are trained to complete a medical legal exam of victims, taking into account the specific physical and emotional needs of victims, and properly collecting forensic evidence.

When you are working as part of a SART with a SANE, the SANE should ensure that all of the medical and forensic needs of the victim are treated sensitively and in a timely manner. Advocates and SANEs may do some of the same things during the crisis intervention, but their roles are distinct. The SANE and the advocate can reinforce each other. For example, when victims hear the same things (e.g., “it’s not your fault”) from two people, they may be more likely to believe it.

The legal members of the SART team are law enforcement and the County Attorney’s Office. The law enforcement role is to investigate the crime and the County Attorney’s Office conducts the criminal prosecution of the crime. RVAP advocates occasionally accompany sexual assault victims to the police department to provide advocacy and support. The legal system is discussed in chapter 7.

IN-PERSON ADVOCATE ISSUES

Confidentiality

The RVAP advocate must maintain strict confidentiality. Iowa law stipulates that conversations between victims and sexual assault counselors are confidential. Be sure to inform the victims that what they share with you is confidential. It is paramount that advocates uphold this confidentiality obligation for two reasons. First, confidentiality offers legal protection to both the victim and the advocate. Second, the sexual assault robbed the victim of control and it is important to regain control after the assault. Victims must have control of who they tell about the assault and how much they share.

Significant Others

As previously stated, as an RVAP advocate you will provide information and support to family and friends of rape victims. Sometimes significant others will accompany the victim to the hospital or police department. Your main role is to stay with the victim during the medical or legal process. You often also have the opportunity to speak briefly with significant others. **If there are several significant others or there appears to be a need, always call your SBU to help with the advocacy.** Always be sure to maintain client confidentiality and do not share anything that the victim has not given you permission to share.

When family members or other concerned persons are present, they should not be in the room when the SANE takes the initial medical legal assault history. This is to ensure that the victim has the privacy necessary to be completely honest with the SANE. Even when a friend or family member wants to be present, the SANE will likely explain to them how their presence may jeopardize the legal case. Should the case go to trial, the presence of a partner, friend, or family member may be used against the victim to suggest that they were not admitting to facts in the presence of this third party.

As an advocate, you may want to encourage significant others to remain in the waiting area to preserve the legal integrity of the case, and because it is often very difficult for the significant other to hear the details of the assault and witness the medical exam. It will be helpful for the victim to hear these reasons as well. If the victim still wants the significant other to be present, respect that choice.

Evidence Collection

As an advocate, you are considered biased by the courts and must not have access to the evidence. Do not assist with clothing, specimen collection, photography, or be left alone with the evidence. **To maintain the integrity of the evidence and its admissibility to court, evidence must be in the possession of medical or legal staff at all times.** This establishes a “chain of custody.” The advocate must never be in the chain of custody.

Now that the role of the advocate and other SART personnel and several issues specific to IP advocacy have been explored, we will look at policy and procedures specific to IP medical advocacy in Johnson County.

MEDICAL ADVOCACY GUIDELINES

- **University of Iowa or Mercy Hospitals:** The IP advocate will accompany survivors to the hospital for sexual assault examinations.
- **Washington or Iowa County Hospitals:** The SBU will travel to these counties to provide IP medical advocacy.
- Requests for IP advocacy may come from the victim or from hospital staff. When the request comes from hospital staff, the first-call person should obtain the hospital staff person's name and a phone number

Law Enforcement Advocacy

- **Iowa City PD, Coralville PD, North Liberty PD, UI Department of Public Safety, or Johnson County Sheriff's Department:** IP advocates will provide IP police advocacy for reporting a sexual assault.
- **Washington, Cedar, Iowa, or other counties:** SBU should be contacted regarding requests for legal advocacy in outlying counties.
- Requests for IP law enforcement advocacy may come from the victim or the law enforcement. When the call comes in from law enforcement, the first-call person should get the name of the police officer or detective, and the name/location of the department. If the victim indicates a desire to report to law enforcement, the first-call advocate should discuss reporting options (see legal advocacy chapter), record to which jurisdiction the report will be made, and get both the time the victim will be there and a physical description for identification. Then call the SBU to dispatch the IP.

Note: It is best to call law enforcement first to arrange a time to make the report. That way the police department can arrange for the appropriate officer to be available, and the victim will not be left waiting or sent away for another time. Either the victim or the first-call person can make this arrangement.

Other Advocacy Requests

- Counseling is available during business hours only unless prior arrangements are made in advance with an RVAP staff member.
- Requests for after hours IP advocacy may occasionally come from in-patient units at either hospital, MECCEA, etc. RVAP staff will handle any such request. The first-call advocate receiving the request will inform hospital staff or the victim that the advocate must refer this request to staff. The first-call advocate will obtain contact information from the caller so an RVAP staff member can follow up on the request during business hours. IP advocates may only provide the medical and legal advocacy for which they are trained and as outlined above.

MEDICAL OPTIONS FOLLOWING A SEXUAL ASSAULT

The chart below illustrates the location options and procedures for initiating medical advocacy in Johnson, Cedar, Iowa and Washington Counties. It is not necessary that you memorize all these details prior to the end of this training. Many of the procedures listed in this chapter are also provided to you in your call book, which is checked out to you as part of your call bag for use during your shift.

Hospitals:

- Collect evidence
- History taking and documentation
- Physical exam
- Treat injuries
- Photograph injuries
- Offer drugs to prevent sexually transmitted diseases
- Offer pregnancy prevention drug

Cost for all locations:

- The exam and medications given to prevent sexually transmitted diseases and pregnancy are paid for by the State of Iowa
- The victim does not have to report to the police in order for exam to be paid

Clinics:

Emma Goldman (337-2111)

- Appointment needed
- Offer drugs to prevent sexually transmitted diseases
- Offer pregnancy prevention drug
- Depending on the time frame, they will screen victim for STD's and offer treatment if tests are positive

Planned Parenthood-Iowa City (354-8000)

- Appointment needed
- Offer drugs to prevent sexually transmitted diseases
- Treatment for STIs only; does not test for STIs
- Offer pregnancy prevention drug

MEDICAL ADVOCACY

The Basics

Reasons a victim might go to the hospital:

- Physical care: injuries, bruises, testing for STIs (Sexually Transmitted Infections) and pregnancy concerns
- Collection of evidence

Roles of an advocate at the hospital:

- Offer emotional support
- Offer information and help answer questions
- Act as liaison with Sexual Assault Nurse Examiner/medical staff
- Offer brief emotional support and information to any significant others about what is happening and how to be supportive, deal with their own reactions, and about RVAP services for the victim and significant others

The victim can have evidence collected and preserved without pursuing prosecution. The SANE will turn over the coded forensic kit to the police for safe storage. The victim can decide later about pursuing legal options (up to ten years).

The exam and related care will be free of charge. The State of Iowa pays for it through a special program.

An advocate can be with the victim at the hospital and present during the exam if the victim chooses. Explain the role of the advocate. According to Iowa law, a sexual assault victim may have an advocate present for all medical and legal processes.

If the victim wants the evidentiary exam, things that can help are as follows:

- Bring clothes worn during the assault in a paper bag (especially underwear, if applicable), or if still wearing the same clothes, bring extra to change into (clothes can be provided if the victim has none)
- Do not bathe/shower/douche
- If assaulted orally, refrain from smoking/drinking/gum/food, if possible

However, if the victim has done or wants to do any of these things, that is their choice – but give the information so an informed decision can be made.

- Find out which hospital the victim wants to go to for the exam. Tell the caller to report to the emergency room registration desk.
- Tell the caller that an advocate will meet the caller at the hospital.

If the hospital staff or law enforcement call:

- Get the name of the hospital staff or officer, a call back number, age and gender of victim, and if the victim has any injuries. Then call your SBU with the information.

Arriving at the Hospital – IP Advocate

How to Introduce Yourself

“Hi, my name is _____. I’m an advocate with the Rape Victim Advocacy Program. I’m not affiliated with the hospital or the police. We’re an agency that provides support and information for people who indicate that they have experienced some form of sexual violence. Would it be alright if I sat down?”

“Sure”

“Everything that you and I talk about today is confidential. The only exceptions to that are if you indicate that you are at high risk for suicide or have intentions of harming someone else. In those cases, you and I will have a conversation about what needs to happen to keep you safe, and that might involve disclosing some information to the appropriate parties. With that in mind, is it okay if I stay?”

If given consent to stay...

“I’m here today to support you in whatever way that looks like. I can...

Help answer your questions...

Make sure you have the information you need to make the best decisions for yourself, and...

Help any family or friends that might be here, and let them know how to be supportive of you.

Be with you for as much or as little of the exam process as you would like, it is your choice.”

- If the victim says yes, or “I guess it is ok”, or does not indicate that they want you to leave, stay with them and assume the victim does not want you to leave. Provide advocacy throughout the exam process (stay by the victim and attend to questions, emotional upset, etc).
- If the victim indicates that they do not want you to stay:
 - Give the victim our IP information packet, pointing out the Rape Crisis Line number and the availability of counseling.
 - Offer to wait nearby (waiting room) in case the victim has questions later. If the victim declines, leave the hospital.

At UIHC or Mercy - SART Response

Before the exam:

- Victims should register at the ER registration desk.
 - The victim should NOT get a bill for this. If this happens, it is a mistake, and the victim can call RVAP for help getting it straightened out. Make sure to tell the victim that their medical record of this visit is separate and retained in the hospital attorney’s office. Further, the bill will be sent to the state.
- If the SANE has not arrived yet, you may go with the victim to the SART room or designated room. It is private and quiet.
- If the SANE is present and already in the room, knock on the door and wait for the SANE to answer. Introduce yourself to the SANE; the SANE should then introduce you to the victim. Explain to the victim what your role is and indicate that the victim is allowed by law to have an advocate present to assist with information and for support. It is their choice whether or not to have an advocate.

When you have some time alone with the victim:

- Ask how the victim is feeling.
- Ask if the victim has any questions.
- Tell the victim that they can take a break any time.
- Tell the victim that when the SANE comes, they will be asked personal questions about their medical history. If the victim wants to know why the SANE is asking a specific question, the victim (or advocate) can ask for an explanation before deciding whether or not to answer.
- Be comfortable with silence; do not try to make small talk.

THE SEXUAL ASSAULT EXAM PROCESS

History Taking

- The SANE will ask for information about the assault so she can know which kinds of tests to prepare and which police would be involved if the victim chooses to report. The SANE will also ask the victim if they have any immediate physical injuries; if so (not very common) these will be looked at right away by the attending physician in case the victim is in pain or needs immediate care.
- The SANE will ask the victim to say what happened in their own words. Then the SANE may ask some clarifying questions. The SANE will write this down.
- The SANE will ask questions (from a set of forms) that relate to the assault and the victim's medical history. Some questions that may require explanation:
 - Alcohol and drug use to establish how impaired the victim may have been and may currently be. The SANE may ask about typical alcohol/drug use for comparison to use on the night of assault. The victim will not get in trouble for using if it was in Johnson County.
 - If the victim has previous pregnancies/births to establish physical condition, explain presence of scar tissue.
 - Some questions may sound blaming but are not meant to be. If you think a question is unclear or sounds blaming, or the victim appears to react to the question, ask the SANE to explain why the question is necessary.
- The victim does not have to answer every question. It can be better for an investigation if they do. If you sense the victim does not understand a question, you can ask the victim if they need an explanation or more information.
- The forms have three places for signatures:
 - Permission to collect evidence
 - Consent to allow the SANE to release the records to the State payment program for reimbursement
 - Consent to release relevant medical records to the police. The victim can choose whether to sign any of them. In order for the state to pay for the exam, the victim must consent to the first two.

Note: Do NOT sign as a witness!

Physical Exam

Advocate concerns:

- This part of the exam can be particularly difficult for you as an advocate. You will want to be aware of what might make you uncomfortable, (e.g. blood being drawn, nudity, observing someone receiving medical treatment, being present while the victim is experiencing physical pain or discomfort, etc.).
- Think ahead of time about how you will balance being available to support the victim, and taking care of yourself. If you feel that IP advocacy is not for you, please feel free to sign up for first-call phone coverage.

The parts of the exam are:

- **External exam:** looking for bruises, scratches, etc.
- **Photographs:** may be taken to document injuries.
- **Alternative light source exam:** to check for bruising or presence of semen or body fluids.
- **Pelvic exam:** looking for tenderness, swelling, cuts, and semen.
- **Swabs of the vagina, anus, and mouth:** (as indicated) for possible DNA samples. Victim may be asked to floss their teeth if the victim was assaulted orally.
- **Pubic hair combing:** looking for loose hair that may be the rapist's.
- **Drawing blood:** (as indicated) this may done by finger stick.
- **STI prevention:** to guard against any bacterial infections that the rapist may have transmitted during the assault. Often involves an injection and oral antibiotics. The SANE will assess the victim for risk of HIV exposure and will discuss prophylaxis according to hospital protocol. Drugs given for STI prevention will be paid for by the State.
- **Emergency contraception:** If the victim has female reproductive organs, the victim will be given a pregnancy test to determine if they are currently pregnant. The SANE will discuss the risk of pregnancy as a result of the assault and offer emergency contraception. This drug will be paid for by the State.

Don't Forget!

ADVOCATES SHOULD NEVER BE LEFT ALONE WITH THE EVIDENCE. Evidence must be in the possession of the SANE, doctor or police officer at all times to maintain the "chain of custody." The "chain of custody" is a

legal term that means the evidence was in proper hands and was not tampered with.

Leaving the Hospital

- Give the victim the IP packet. Show the victim the contents, explain RVAP services and encourage the victim to call for support.
- Accompany the victim to the law enforcement department if she or he chooses to report right away.
- Call your SBU to let them know you are done and to process the call. You should also call your SBU any time you have questions or need assistance (even during the hospital call).

Other Information

Children at the hospital:

- As an advocate, if you receive a call about a child victim under the age of 13, please call your SBU.
- The Child Protection Center in Cedar Rapids at St. Luke's does child exams (set up especially for children, only one interview, has child colposcope, etc.) While the UI Hospital may conduct pediatric exams, law enforcement will likely take the victim to St. Luke's. This is a good option for victims outside of the Iowa City area, and can also be used by local residents.
- If the child is seen in Johnson County (usually at the University), the hospital will most likely call someone from Pediatrics and/or a social worker. Usually the exam is done in the ER but with Pediatrics staff. The SANEs may assist with the exam.
- RVAP does not provide advocacy services for children (0-12 years). We can make referrals to local counselors and provide advocacy and support to the parents and family.

Significant others (SO):

- Introduce yourself and give IP packets to SOs.
- Let them know that we offer services to SOs. This includes the Rape Crisis Line, counseling, and the webpage (www.rvap.org).

- Answer questions about your role and the medical process. Do not share with SO any information about the victim or the incident. Your role is to advocate for the VICTIM and you must maintain confidentiality.
- If the victim asks you to communicate with family or friends, ask the victim what they would like you to say. This will indicate to the victim that you will give them control over what and how much is shared. If they ask you to call family or friends to let them know the victim is at the hospital, ask the victim if they want you to identify yourself as someone from RVAP. If no, tell the SO that you are with the victim and give whatever info the victim has instructed you to.

Note: If at any time, you feel that the family or friends of the victim need support at the hospital, or there are many family or friends at the hospital, call your SBU to come to the hospital to do advocacy with the significant others. Your role is to remain with the victim.

HIV INFORMATION

The following information is provided to you as a reference and general guidelines that you can relay to a concerned caller. You should always tell the caller that we recommend that anyone with concerns about HIV or other health related issues contact a qualified health professional. HIV concerns can be directed to the SANE at the University of Iowa, Mercy Hospital or the staff at the Free Medical Clinic.

Information You Should Know about HIV and AIDS:³

- HIV stands for Human Immunodeficiency Virus. AIDS stands for Acquired Immune Deficiency Syndrome. HIV is the virus that causes AIDS.
- HIV is transmitted from an infected person through body fluids such as blood, semen, pre-semen, vaginal fluids and breast milk.
- The risk of contracting AIDS from a single sexual contact is very small; however, victims may still be concerned, especially if they fall into the small percentage of victims who contract the disease.

How can you become infected?

- Sexual contact (vaginal, anal, oral) with an infected person.

³ *AIDS Information, Education, Action, Awareness.* Web. www.aids.org

- Use of, or being stuck with, a needle or a syringe that has been used by an infected person.
- Through blood transfusion, although this risk has been nearly eliminated since blood banks began testing donated blood for HIV.
- Birth to a mother infected with HIV (babies may be infected during pregnancy, at birth or through breast milk)

What is Post-Exposure Prophylaxis (PEP)?

- Prophylaxis means disease prevention. Post-Exposure Prophylaxis (PEP) means taking antiviral medications as soon as possible after exposure to HIV so that the exposure will not result in HIV infection. These medications are only available with a prescription.
- PEP is a 30-day program of 1-2 medications daily. The medications have serious side effects that can make it difficult to finish the program. About 40% of health care workers did not complete PEP because of the side effects. PEP is not 100% effective; it cannot guarantee that exposure to HIV will not become a case of HIV infection.
- For best results, the victim must take every dose of every PEP medication. Missing doses could leave the victim vulnerable for developing HIV infection. Missed doses could also allow the virus to develop resistance to the medications.

How would the victim know if they have been infected?

- The only way for the victim to know if they have been infected with HIV is to have a laboratory test.
- For victims concerned about possible exposure to HIV, they may consider the following:
 - **If the exposure has been within the past 72 hours**, the victim may want to consider seeking SANE services at The University of Iowa Hospital or Mercy Hospital. The nurse will help the victim determine if preventative medication would be a good option. As advocates, it is important for us to remain within our role and let the nurse explain all medical information. Medication is paid for by the State if it involves a sexual assault.
 - **If the possible exposure was longer ago than 72 hours**, the preventative medication is not an option.

PREGNANCY INFORMATION

If you work with a victim who was sexually assaulted and is now pregnant as a result of the assault:

- Respond as you would with any advocacy by offering support and information
- Explore what options they may be considering regarding the pregnancy
- Tell the client we are here to support whatever decision they feel is best
- **If they wish to continue the pregnancy**, you can refer them to the office during regular office hours and the staff will assist in finding resources to:
 - Get medical care
 - Get assistance should they decide to keep the baby
 - Get legal assistance if they choose to give the baby up for adoption
- **If they wish to terminate the pregnancy**
 - RVAP can make a referral for to a local clinic.
 - Victim will need to make an appointment to meet with RVAP staff during office hours.
 - After meeting with the victim, RVAP staff will write a letter to one of the clinics requesting that they reduce or waive the fee for the termination of pregnancy. There is no guarantee that the fee will be waived; determination will be made by the clinic.

CONCLUSION

In conclusion, the role of a victim advocate is very important. It provides victims and significant others with invaluable support and information. You are likely to find your experience as an IP advocate to be fulfilling and rewarding. You will have the opportunity to be a critical part of a healing journey.

WHAT YOU NEED TO KNOW

- The role of the IP advocate
- The State pays for the exam and drugs
- Three things to tell a victim going to the hospital
- How to arrange for a medical exam

- When to send RVAP staff instead of the IP
- How to introduce yourself to the victim
- A basic overview of the history and exam
- Don't be left alone with the evidence
- HIV and pregnancy protocols
- How to advocate during the exam

FOR FURTHER READING

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