

Sexual Assault & Domestic Violence Care Centre Women's College Hospital

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- Initially funded in 1984 to address the acute post-sexual assault needs of women, men and children at Women's College Hospital
- Post-sexual assault services expanded across the province and through research to include:
 - Attention to domestic violence
 - HIV counselling and post-exposure prophylaxis
 - Drug-facilitated sexual assault care
- There are now 36 sexual assault/domestic violence care centres across Ontario. The most recent centre opened this year in Hawkesbury, ON



- Staffed by **specialty trained nurses** (or less commonly nurse/physician teams)
- **Emergency services** offered 24/7 including:
 - Crisis intervention
 - Medical assessment and treatment
 - Testing and prophylactic treatment for pregnancy and sexually transmitted infections, including HIV
 - Collection and documentation of forensic evidence
 - Risk assessment and safety planning
 - Referral to various community agencies for other forms of support (e.g., legal, housing)

The Ontario Network of Sexual Assault/Domestic Violence Care Centres

<https://www.sadvtreatmentcentres.ca/find-a-centre/>



- During a sexual assault, personal control and self-determination are taken away. Care in SA/DVCC strives to assist victims/survivors reclaim their control.
- Victims/survivors are provided with non-judgmental and unconditional support regardless of their decisions.
- Victims/survivors have the right to make their own decisions.
- The assailant is responsible for the violent behaviour - not the victim/survivor.
- Sexual assault and domestic violence are critical global issues requiring change in social, health care, legal and political systems.



Violence and Substance Use

- Approximately 1 in 3 women have experienced violence at some point in their adult lives
- The experience of violence can have significant impacts on women's physical and psychological health, including their levels of mental health and substance use:
 - Higher rates of depression, PTSD, suicidal ideation, substance use
 - Victims of violence are more likely to use multiple substances and to use higher levels of substances in comparison to those who have not experienced violence

- To provide acute health and forensic care to women, men and trans persons over the age of 14 who have been sexually assaulted within the last 12 days and/or have experienced domestic violence



Acute Services

Crisis intervention and emotional support

Documentation of assault

Assessment and documentation (including photographs) of injuries

Testing and treatment for sexually transmitted infections including
Gonorrhea, Chlamydia, Hepatitis C, Syphilis, HIV and Hepatitis B

Emergency contraceptive options; STI prophylaxis; HIV PEP

Toxicology testing for suspected or known drugging

Risk assessment and safety planning

Assisting with police report/involvement

Forensic Evidence Collection (Sexual Assault Evidence Kit) for immediate
release or storage (up to 1 year)

Referral to SA/DVCC counselling and community resources



Forensic Evidence Collection

Evidence is collected based on report provided by the victim/survivor unless DFSA

Samples include: clothing, skin/oral/vaginal/rectal swabs, blood and urine samples

Documentation and photographs of any injuries (non-genital only)

Purpose of SAEK:

- To document physical force
- To help establish sexual contact
- To determine the identity of the semen/hair/saliva found on samples through DNA analysis

IN THE MOUTH:

- Spermatozoa or Semen may be detected up to 24 hours after oral penetration

IN THE VAGINA:

- Spermatozoa may be detected up to 12 days after intercourse

IN THE RECTUM:

- Spermatozoa may be detected up to 72 hours after intercourse

IN UNDERWEAR:

- Spermatozoa may be detected even after laundering
- Underwear worn prior to, and after the assault is collected



Physical Exam

Factors associated with increased likelihood of injuries:

- less than 15 and more than 50 years old
- unknown assailant
- extra-genital injuries
- excessive/Brutal level of force
- use of a weapon
- Rectal penetration
- Lack of prior sexual experience in victim
- Interval between assault and exam is less than 24 hours

Factors associated with decreased likelihood of injuries:

- Age 16-49
- Assailant is spouse/significant other
- Use of lubricant
- Previous vaginal birth by victim
- Passive victim (if the victim was unconscious or froze)

Baseline Testing Recommendations

- bHCG
- HIV Serology
- VDRL (syphilis)
- Hep C Antibody
- HBsAb and HBsAg
- Toxicology Blood (<24hrs)
- Toxicology Urine (<72hrs)
- Gonorrhea and Chlamydia
- BV/Yeast/Trichomonas (female)

Gonorrhea: Ceftriaxone 250 mg IM single dose with 0.9 ml 1% Lidocaine (within 7 days of assault)

Chlamydia: Azithromycin 1 g by mouth single dose (within 7 days of assault)

Emergency contraception: Plan B (levonorgestrel) 1.5 mg by mouth single dose (within 3 to maximum 5 days of assault, if between 3-5 days Ella [ulipristal acetate 30mg] may be more appropriate); or copper IUD (within 7 days - can be inserted at WCH Bay Centre for Birth Control during follow up)

HIV Post Exposure Prophylaxis:

Tivicay (Dolutegravir 50 mg) 1 tablet by mouth every 24 hours AND

Truvada (Emtricitabine 200 mg/Tenofovir Disoproxil Fumarate 300 mg) 1 tablet by mouth every 24 hours

Recommended that patient receive a 5 day starter kit

Hepatitis B:

Energix (hepatitis B vaccine) 1.0 ml IM (> 19 years) and 0.5 ml IM (≤ 19 years)

HBIG 0.06 ml/kg (if high risk assault and patient has not been vaccinated)

If client has presented within 72hrs of the assault and wishes to commence HIV PEP, the following blood work should be completed:

- AST, ALT, ALP
- Creatinine
- Bilirubin
- *Albumin, INR PT, PTT* (if hx of liver or Kidney disease only)



Strangulation Assessment

47-68% of women who reported domestic violence also reported one or more strangulation events in the preceding 12 months (IAFN, 2010)

Strangulation assessment and referral to ED physician for further assessment

Loss of consciousness

Visual changes “spots”, “flashing lights”, “tunnel vision”

Facial, intraoral, conjunctival petechial hemorrhage

Ligature mark, neck contusions

Incontinence (bladder and/or bowel from anoxic injury)

Neck pain, difficulty breathing (SOB, hyperventilation), difficulty or pain with swallowing, cough, pain with speaking or voice changes (raspy, hoarse, loss of voice)

Lightheadedness, headache, tinnitus, memory loss

Weakness/numbness of arms and legs

Non-Acute Services Offered

For victims/survivors who present after 12 days up to one month:

- Follow up testing
- Emotional support
- Documentation of assault history
- Referral to community resources

Follow Up Care

Offered to all victims/survivors seen in the acute and non-acute service.

Care includes:

- 48 hour post acute visit support call
- Re-assess safety and review safety planning
- Re-document and photograph any injuries that may have become more apparent
- Repeat STI testing as necessary
- Follow up on HIV post-exposure prophylaxis
- Referrals to community resources

- Advise the victim/survivor to hold from showering until meeting with the SADVCC RN
- If victim/survivor needs to urinate, please collect urine and label time collected, set aside for SA/DVCC RN to collect
- Have victim/survivor remain in the clothing worn during/after assault until meeting with the SADVCC RN
 - If victim/survivor needs to change into a hospital gown, store all clothing in a paper bag
- Instruct the victim/survivor to keep anything that may potentially have assailant's DNA (i.e. condom, sex toy, etc.) in a sterile container until meeting with the SADVCC RN

Questions?

Any questions? Please contact Michelle Bobala at michelle.bobala@wchospital.ca or call the WCH SA/DVCC at 416-323-6366