Closing Gaps in the Post Sexual Assault Safety Net

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Medical Services Post Sexual Assault

Key roles :

Promoting safety and autonomy

Information, treatment and screening for pregnancy and sti’s

Info and care for manifestations of trauma

Information, assessment, and linkage for support services

The Emergency Room Visit

<5 days for forensic evidence, <4 days forensic tox screen

Assessment and treatment for physical trauma (less common)

Linkage to community supports for ongoing physical, emotional, legal, and financial needs.

STI prophylaxis (no testing) for Ct, Ng, and Trich routine.

HIV prophylaxis (no test) common with 3 days of meds adm.

Pregnancy prophylaxis usually as Plan B but Ella coming in

Following up on the ER visit: ER+ 3 is Key

Patient may or may not have their documents which detail care received

Assess symptoms of trauma and self care behaviors, safety, strategies, supports.

Counsel re pregnancy and STI risks-type of sex, partner risks, image helpful.

Follow up on emergency contraception-Ella still an option if indicated?

Offer Pregnancy testing 2 weeks-4 weeks depending on use of EC

HIV testing baseline, 6 weeks and 6 months

Increase awareness of post trauma syndromes and supports

Pregnancy prevention follow up

Ella for pregnancy prevention more effective for women >175 or > 3 days post exposure.

Ella's dual action may decrease effectiveness of oral contraceptives - counsel patients to use condoms as back up method for one month, to delay restarting COC's X 5 days post ella, and to not take ella repeatedly in a cycle.

Time and $$ access issues- administer in house? Local pharmacies?PRJKT RUBY?

Sexual Assault Survivors and STI's

20 %multiple assailants

39% assailant unknown

17% anal penetration

83% of females vaginal penetration

53% genital trauma documented

48% documented semen or sperm

2016 nPep Guidelines Update (pg 41 of 91).

Non-Occupational PEP and SA survivors

nPep often declined

nPep often not completed

“Adherence difficulties appear particularly severe in studies of nPEP for sexually assaulted persons”

Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016. Centers for Disease Control and Prevention, US Department of Health and Human Services

Barriers to Accessing & Completing nPEP

Time sensitive access:
1. Need to start <72 hours post exposure
2.Need to get to provider within next 72 hours to extend Prescription,
3.Need to get drug from pharmacy-available, $$$

Need to provide another detailed risk assessment for Rx extension

Need labs-baseline HIV, RPR, BMP and AST, ALT, CBC diff, fasting lipids, Pregnancy test, other sti screening

Deal with adverse effects of meds, time away from school, routine disruption, reconsideration of risk*.

Estimated Rate of HIV Aquisition per 10,000 Exposures

Sexual

Receptive anal intercourse 138 /10,000

Receptive penile-vaginal intercourse 8/10,000

Insertive anal intercourse 11 /10,000

Insertive penile-vaginal intercourse 4/10,000

Receptive oral intercourse Low Insertive oral intercourse Low

Other

Biting Negligible Spitting Negligible

Throwing body fluids (including semen or saliva) Negligible

Sharing sex toys Negligible

Source: http://www.cdc.gov/hiv/policies/law/risk.html

Health Services Responses to Barriers to nPEP Post Sexual Assault

Having ability to provide these long visits on short notice

Address pt. confidentiality concerns , financial barriers

Staff training and support: protocol development, resources for ID consult, other sexual assault services, motivational interviewing, trauma informed care.

Victims of Crime Compensation Funds-In MA crime must be reported to police for coverage/reimbursement *but* with kit number assigned can get extension on nPEP (approx cost 1000-2000/28 day supply) dispensed at certain Caremark pharmacies.

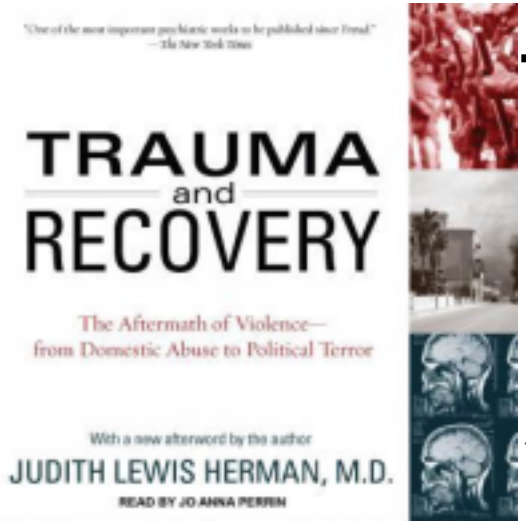
Later Access to Health Services

> 5 days -2 weeks post assault: prophylaxis for Ct, Ng, trich and baseline testing for HIV, RPR

>2 -6 weeks: May need pregnancy testing , STI testing, HIV serial testing

Months or years later: May be first time for care or follow up Provide sti screenings as needed or 6 month serial testing for HIV as indicated

Always: Assess for sleep , self care, trauma effects and supports. Provide supported referrals as able.



Trauma and Recovery

In *Trauma and Recovery* Judith Herman presents a model which describes in detail the healing process of people who struggle with a *combination of problems* related to unwanted, abusive, or traumatic experiences in their past.

The problems may include:

- Difficulty regulating emotions and impulses
- Emotional numbing
- Anger and aggression
- Substance addictions
- Behavioral addictions (porn, anonymous sex, gambling, etc.)
- Self-harming behaviors (cutting, burning, etc.)
- Dissociation (spacing out, blanking out, losing time, etc.)

Stage 1

The first stage of dealing with and overcoming such problems, and of any helpful therapy or counseling, is about:

- Getting a ‘road map’ of the healing process.
- Setting treatment goals and learning about helpful approaches to reaching those goals.
- Establishing safety and stability in one’s body, one’s relationships, and the rest of one’s life.
- Tapping into and developing one’s own inner strengths, and any other potentially available resources for healing.
- Learning how to regulate one’s emotions and manage symptoms that cause suffering or make one feel unsafe.
- Developing and strengthening skills for managing painful and unwanted experiences, and minimizing unhelpful responses to them.

Stage 2

This stage of recovery and treatment is often referred to as ‘remembrance and mourning.’
The main work of stage two involves:

- Reviewing and/or discussing memories to lessen their emotional intensity, to revise their meanings for one’s life and identity, etc.
- Working through grief about unwanted or abusive experiences and their negative effects on one’s life.
- Mourning or working through grief about good experiences that one did not have, but that all children deserve.

Stage 3

The third stage of recovery focuses on *reconnecting* with people, meaningful activities, and other aspects of life.

Neurobiology of Sexual Assault

http://nij.gov/multimedia/presenter/presenter-campbell/pages/welcome.aspx

https://www.youtube.com/watch?v=4-tcKYx24aA&feature=youtu.be

Primary Prevention

Importance of interventions at all levels of the campus ecology

Need for data collection (re: resource audit, climate survey)

Coordinated & comprehensive training efforts for those likely to receive disclosures/reports

Secondary Prevention: Campus SART

http://www.nccasa.org/cms/wp-content/uploads/2013/11/SART-pic1-try-2.jpg

Tertiary Prevention: Help-Seeking on Campus

Confidential vs. Private but not Confidential Campus Resources (Title IX)

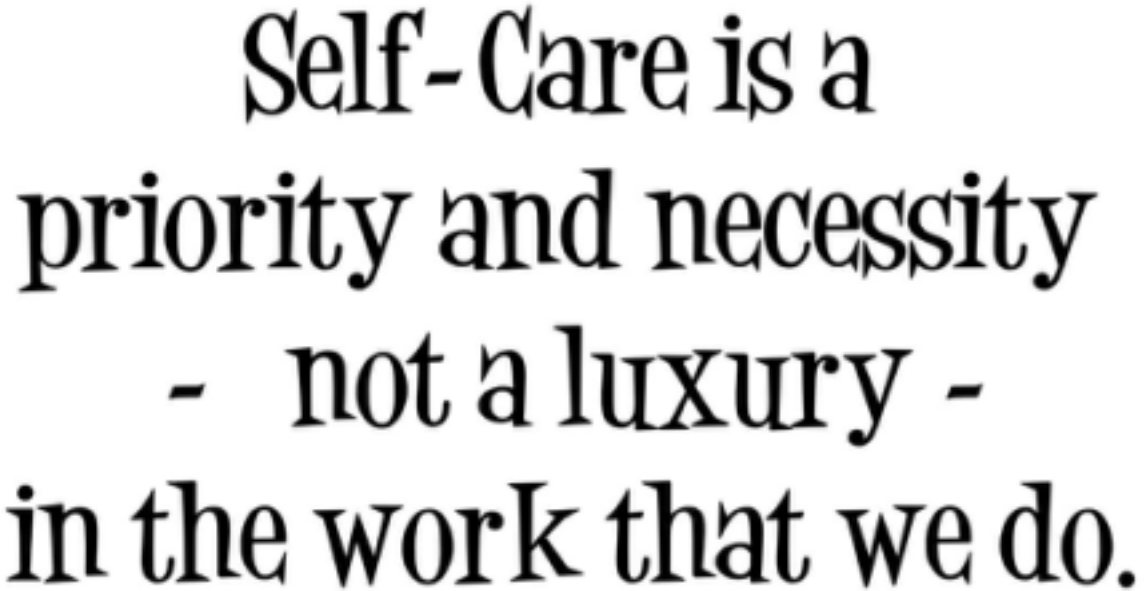
Role of Health Center

Importance of online resources as point of entry: https://brandeis.qualtrics.com/jfe/form/SV_0AjWrVRhCGx5R3L

Help-seeking: Criminal Justice System

https://www.rainn.org/statistics/criminal-justice-system

Self-Care


Self-Care is a
priority and necessity
- not a luxury -
in the work that we do.

Summary & Questions