

Summary Report: Hospital Response to Sexual Assault Patients Survey

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April 6, 2015

On February 9, 2015, the Minnesota Hospital Association e-mailed a description of and link to the *Hospital Response to Sexual Assault Patients Survey* to 132 Emergency Department Nurse Managers in Minnesota hospitals. The survey remained open for three weeks and garnered a total of 54 respondents (41% response rate).

The developers of this survey coordinate the Medical Forensic Exam Access Project (MFEAP), a project of the Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault (SVJI@MNCASA).

The purpose of MFEAP is to provide tools, resources, and specialized guidance to healthcare professionals and facilities that can inform and improve sexual assault patient response. This survey assessed how hospitals are currently responding to sexual assault patients and also provided feedback to MFEAP regarding what types of resources would be most useful to hospitals.

The survey captured information such as frequency of sexual assault examinations, specifics around evidence storage, details regarding sexually exploited or trafficked patient care, and the resources that are most needed by hospitals to aid or improve their response to sexual assault patients. A complete list of survey questions can be found in Appendix A (p. 16).

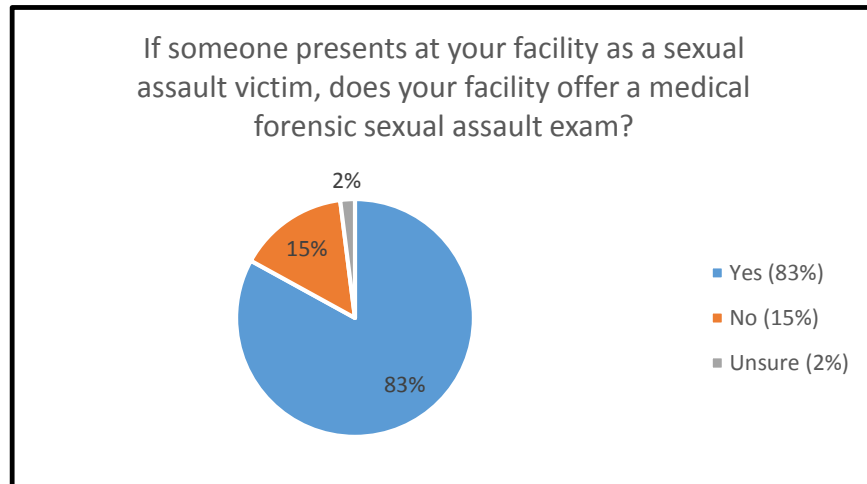
The following information is a summary of the data collected, followed by implications and relevant resources. While this information cannot account for all of the hospitals in Minnesota, it does provide a starting point for identifying areas of improvement and growth regarding Minnesota hospitals' response to sexual assault patients.

Special thanks to the Minnesota Hospital Association for their assistance in disseminating this survey.

PART 1: SEXUAL ASSAULT EXAM LOGISTICS

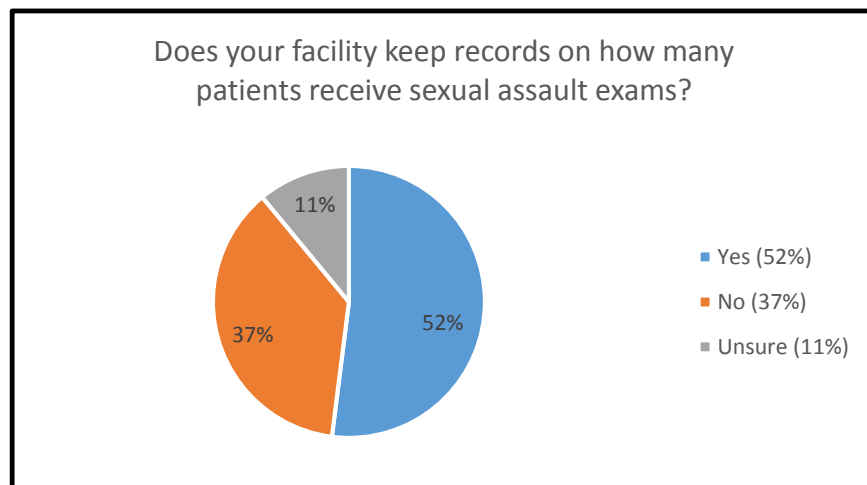
Sexual Assault Exam Availability

Data collected in the survey reflected that 83% of respondents' facilities offer sexual assault exams. Of the 17% of respondents who reported that their facility does not offer sexual assault exams or that they are unsure whether their facility offers exams, the most frequently stated reasons why exams are not offered at those facilities were 1) lack of expertise, 2) facility refers sexual assault patients to a better equipped hospital, and 3) infrequency of patients seeking an exam.



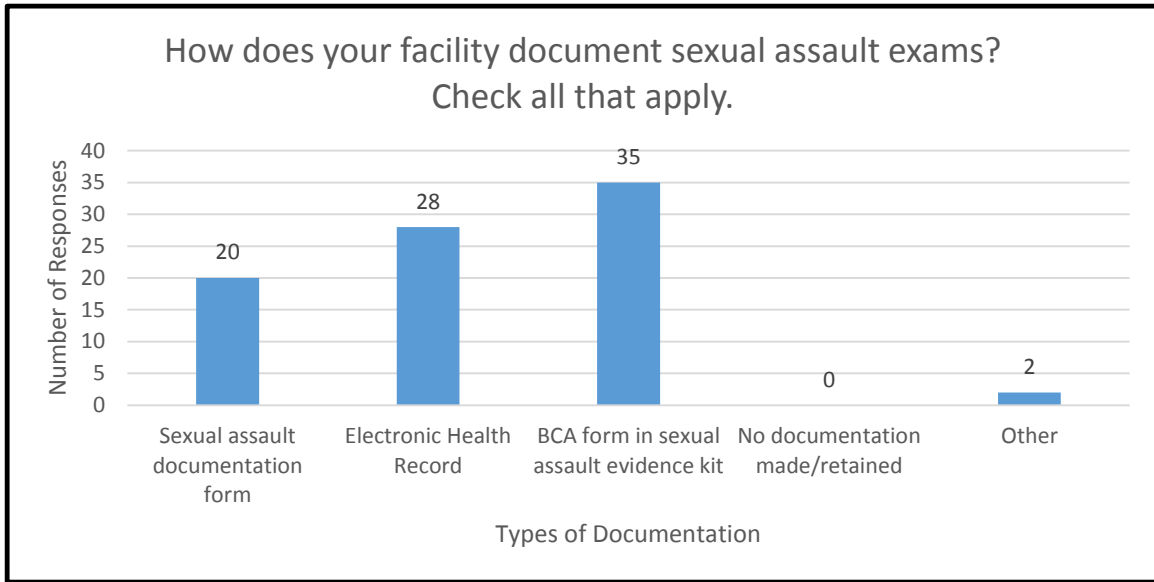
Record Keeping: Number of Exams

Of hospitals that offer sexual assault exams, only 50% maintain records on how many exams take place in their facility. For this reason, it is impossible to accurately decipher exactly how many sexual assault exams took place in Minnesota during the year 2014. Of the facilities that keep exam records, there was an average of 31.4 total exams per facility in 2014. Of the facilities that estimated their number of exams in 2014, there was an average of 7.9 estimated exams per facility in 2014.



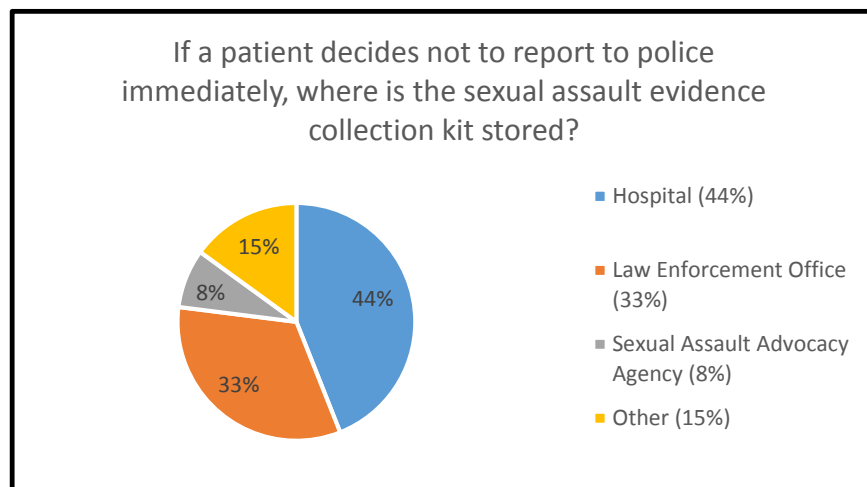
Exam Documentation

There are multiple formats in which sexual assault exams may be documented. The following data demonstrates that most facilities (90%) use the Minnesota Bureau of Criminal Apprehension (BCA) form, and many facilities use more than one type of documentation form.



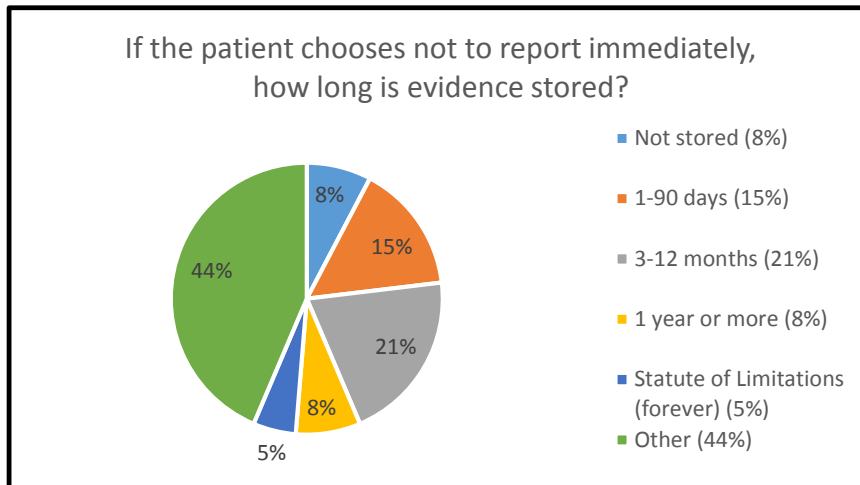
Evidence Storage

The majority of evidence kits that are not reported to police are held at hospital facilities (44%). A third (33%) of these unreported kits are held at law enforcement offices. Many of the “Other” responses stated being unsure where these kits are held or that their facility is currently working on deciding where evidence will be kept.



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Regarding how long unreported evidence is kept prior to being destroyed, there was quite a variance in responses. The majority of respondents (36%) were unsure how long evidence is stored, mostly due to the fact that non-reported evidence from that facility is stored with a law enforcement office that has its own protocols for evidence storage. Otherwise, non-reported evidence is most often held between 3 and 12 months.



Advocacy

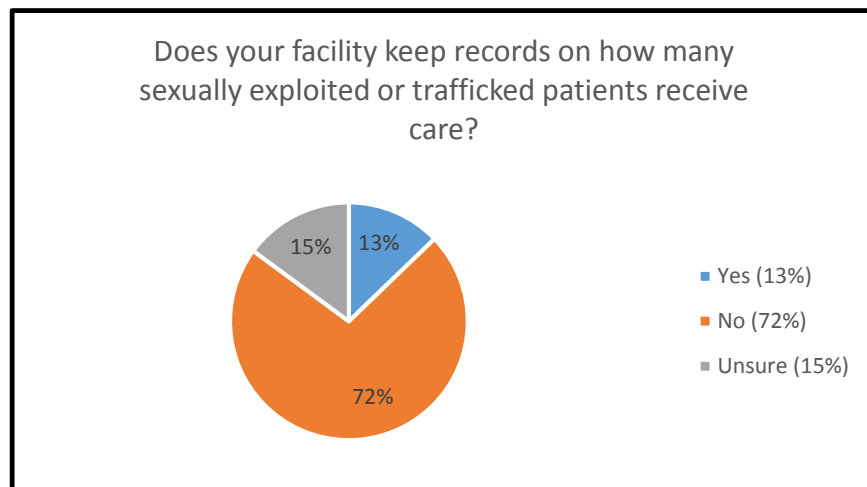
Regarding advocacy presence during sexual assault exams, 85% of respondents stated that their facility calls in an advocate for sexual assault exams that take place within their facility.

PART 2: SEXUALLY EXPLOITED OR TRAFFICKED PATIENTS

Sex trafficking (also called commercial sexual exploitation) is the recruitment or selling of individuals for sex, which often involves control, coercion, or force. Victims of sex trafficking can be any age, race, nationality, gender, or sexuality.

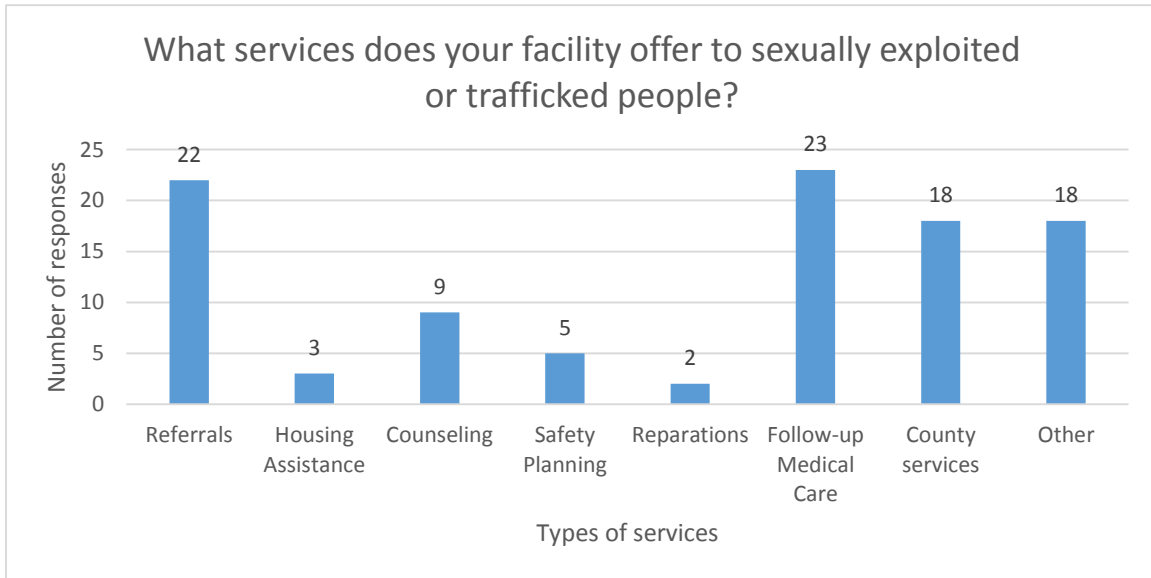
Data Tracking

Only 13% of respondents stated that their facility tracks how many sexually exploited or trafficked patients received care in 2014. Of the respondents that were able to track sexually exploited/trafficked patients seen at their facility, there was an average of 0.2 patients in 2014. Of the respondents that estimated the number of sexually exploited/trafficked patients seen at their facility, there was an average of 0.3 patients in 2014. Most respondents either reported caring for zero sexually exploited/trafficked patients that they were aware of, or reported being completely unsure how many sexually exploited/trafficked patients received care in their facility in 2014.



Services Offered

Regarding what services hospitals offer to sexually exploited or trafficked people, the most common services were follow-up medical care (52% of facilities offer this service), referrals (50% of facilities offer this service), and county services (41% of facilities offer this service). Of the “Other” responses, most of the responses included offering hospital social work services and/or community advocacy services.



Hospital Training

The vast majority of respondents (64%) reported that their facility’s staff has had no training to identify sexually exploited or trafficked patients. Four respondents reported having an outside agency conduct staff training on this topic, and four respondents reported having an in-service regarding this topic. Of the “Other” responses, most of these responses included a few staff attending conferences on this topic or that this training was included in sexual assault exam orientations.

PART 3: RESOURCES AND FUTURE TRAINING

From a list provided, respondents identified which resources would be most helpful for their facility to improve its response to sexual assault patients. The three most popular potential resources were 1) identification of sexually exploited or trafficked patients, 2) brief video providing a “refresher” on sexual assault exam procedure, and 3) 24/7 telephone access to a Sexual Assault Nurse Examiner (SANE) who could consult on the sexual assault exam process and care for patients.

<i>Resource Options</i>	<i>Number of Responses</i>
Detailed printed instructions for conducting and documenting a sexual assault exam	26
Printed general information about sexual assault patient care	22
Brief video providing a "refresher" on sexual assault exam procedure	30
24/7 telephone access to a Sexual Assault Nurse Examiner (SANE) who could consult on the sexual assault exam process and care for patients	29
Opportunities for your facility's nurses to shadow other SANE-trained nurses in the metro area	14
Short videos geared towards patients' needs (e.g. explanation of advocacy services, what to expect during the exam, etc.)	22
Identification of sexually exploited or trafficked patients	32
In-person trainings	18
Unsure	0
Other	3

Regarding options for training, responses reflected that the most needed types of trainings were 1) online training for general information on sexual assault exams, and 2) identifying and serving sexually exploited or trafficked people.

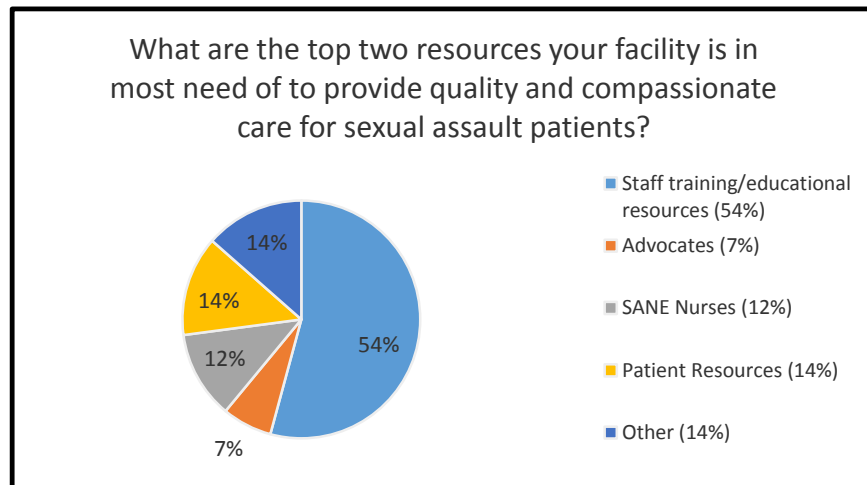
<i>Types of Trainings</i>	<i>Number of Responses</i>
Training nurses to be Sexual Assault Nurse Examiners (SANEs)	12
4-hour in-service trainings for nurses and/or physicians on how to perform sexual assault exams	18
Online training for general information on sexual assault exams	31
In-person training for general information on sexual assault exams	20
Information session on sexual assault advocacy services and/or other community resources	18
All staff training on working with sexual assault patients	18
Identifying and serving sexually exploited or trafficked people	29
Unsure	3
Other	2

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Respondents were also asked about populations for which their facility needs guidance in providing appropriate sexual assault care. The two most common responses were 1) adolescents (13-17 years old), and 2) sexually exploited or trafficked people.

<i>Populations</i>	<i>Number of Responses</i>
Sexually exploited or trafficked people	26
Adolescents (13-17 years old)	27
Children (12 years old and under)	18
Immigrant/refugee communities	10
Gay, lesbian, transgender, or non-gender identifying	11
Asian or Pacific Islander	6
Black/African American	7
American Indian/Native	10
Hispanic/Latino	10
Unsure	9
None	1
Other	1

When asked to identify which two resources respondents' facilities were most in need of, respondents overwhelmingly stated that staff training and educational resources were the most needed resources.



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The Medical Forensic Exam Access Project (MFEAP) works with healthcare facilities to improve and support their services for sexual assault patients. From a provided list of MFEAP resources, respondents identified which MFEAP resources their facility would most benefit from accessing. The most popular resource chosen was guidance on implementing best practices in hospital care for sexual assault patients. The second most popular resource chosen was identifying and/or implementing a protocol for sexual assault patients that fits a specific community.

<i>SVJI@MNCASA Resources</i>	<i>Number of Responses</i>
Guidance on implementing best practices in hospital care for sexual assault patients	27
Identifying and/or implementing a protocol for sexual assault patients that fits your community	23
Assistance in coordinating a cohesive and comprehensive multidisciplinary response to sexual assault victims in your area	19
Assistance in working with nearby healthcare facilities to provide a coordinated sexual assault patient response	19
Assistance in navigating the sexual assault exam billing process	16
Unsure	3
Other	3

CONCLUSION: MAIN TAKEAWAYS FROM THE DATA

This survey provides valuable insight regarding areas for growth in Minnesota’s medical forensic response to sexual assault victims. After an in-depth review of the collected data, the following themes demonstrate areas where additional work, training, and/or coordination could take place in order to achieve a more victim-centered response to sexual assault patients in Minnesota hospitals.¹ This section also includes some relevant resources pertaining to the identified themes; however, a complete list of resources can be found at the end of this report.

Reasons for Not Conducting Sexual Assault Exams

Survey results demonstrated that 17% of respondents’ facilities do not offer sexual assault exams. The reasons respondents chose as to why their facilities do not offer sexual assault exams were 1) lack of expertise, 2) facility refers sexual assault patients to a better equipped hospital, and 3) infrequency of patients seeking an exam. Not only are these three reasons consistent with what MFEAP leadership has heard during hospital site visits in Greater Minnesota, but these reasons are also intricately related to one another. When a facility does not have very many sexual assault victims requesting exams, there is less incentive (both financially and logistically) for that facility to request adequate training to conduct sexual assault exams. This lack of expertise then pushes these facilities to refer any sexual assault patients to a different facility that has more experience with sexual assault exams. This referral process, in turn, likely establishes the facility as one that does not offer sexual assault exams for patients, thus diminishing the number of future sexual assault patients who may present at that facility. Having fewer sexual assault patients only reinforces the facility argument of not needing to have exam-trained staff, thus continuing the cycle of victims experiencing barriers to accessing a sexual assault exam.

While a responsible sexual assault patient referral policy to a better-equipped facility might make sense for facilities that have certain capacity constraints, not all referral policies are victim-centered. Victims who are asked to go to a different, better-equipped facility to obtain an exam may end up not getting an exam at all due to the added complication and stress of reporting to an alternate facility, sometimes located many miles away. Referring a patient to an alternate facility also delays when the exam can take place, thus diminishing the viability of the collected evidence. While there are some responsible referral policies in place and many facilities go to great lengths in order to ensure victim-centered practice, there remain many opportunities for facilities to improve their response protocol.

Creating and implementing an appropriate sexual assault patient protocol for one’s facility can be a daunting and complicated task; however, positive change is possible and there are resources available that can assist facilities in finding a protocol that fits their specific community. For detailed information on the steps required to initiate this protocol development process, please refer to SVJI@MNCASA’s *Model Policies for Forensic Compliance* document (<http://www.surveymonkey.com/s/6M3ZGRM>). Additionally, MFEAP offers in-depth guidance and technical assistance to hospitals interested in shifting their protocols, free of charge. To access these services, please visit the MFEAP website (<http://www.mncasa.org/sane-project>).

¹ For more information on the meaning of “victim-centered,” please consult the SVJI@MNCASA document, “Seven Rules for Becoming Victim-Centered” (<http://www.mncasa.org/assets/PDFs/SVJI-Becoming%20Victim-Centered-2013%20update.pdf>).

Lack of Data Tracking

Perhaps the most noticeable finding from this survey was the lack of hospital data regarding sexual assault and sexually exploited or trafficked patients. Only 52% of responding facilities have data for how many sexual assault exams took place in their facility in 2014, and only 13% of facilities keep data regarding how many sexually exploited or trafficked individuals received care in their facility in 2014. This lack of data made it impossible to discern how many sexual assault examinations took place in Minnesota in 2014 based off of survey results. Not having data regarding the scope of medical forensic care to Minnesota victims makes it nearly impossible to adequately and appropriately address sexual violence in the state. Even so, there are relevant and complex reasons as to why sexual assault exam tracking is not easily implemented in hospital facilities.

A potential but likely reason for why sexual assault exams are so difficult to track is due to hospitals' coding system. Oftentimes, there are varying diagnosis codes that physicians use to designate a sexual assault exam both within a facility and across facilities. In other words, there is no standardized code for when a sexual assault exam is conducted in a facility, thus making it very challenging to track how many sexual assault exams take place based on diagnosis codes. MFEAP leadership is currently working with the Minnesota Hospital Association on how to standardize and streamline coding processes for sexual assault exams in order to create a simple, straightforward way to track exam frequency.

Overall Lack of Consistency

Another noticeable trend from this survey was the variance in facilities' responses to sexual assault patients and sexual assault exam procedure. Each facility, and by extension, each jurisdiction, has its own response system, thus creating differing response protocols across the state. While this variance is not necessarily good or bad, it demonstrates Minnesota's inability to create a more standardized medical forensic response to sexual assault patients. Aspects of variance include, but are not limited to, exam processes, evidence retention timeframes and locations, reporting options, and the healthcare practitioner's level of training. This variance makes it challenging for victims to know exactly what to expect when seeking an exam after an assault, as a victim's experience is dependent upon the jurisdiction where the assault took place as well as the facility providing care.

Moreover, consider the amount of time, energy, and money countless Minnesotans have spent on creating and implementing new protocols and procedures around medical forensic response specific to their community. If a more consistent, standardized protocol could be set forth as a model, while keeping in mind that not every jurisdiction needs exactly the same kind of protocol, the medical forensic response across the state would be much less disjointed. However, to achieve this, the state would likely need designated funding toward a SANE Coordinator Position that could direct dedicated attention toward improving and coordinating response consistency in Minnesota.

Advocacy Response Isn't 100%

Research confirms that victims are more likely to engage in the criminal justice system and to seek out appropriate follow-up care when an advocate is involved in the exam process.² Survey respondents' data demonstrated that 15% of responding facilities do not request advocacy presence during exams. The exact reasons for why advocates are not involved during exams at these facilities

² Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence Against Women*, 12, 30-45.

are unknown, but there could be many contributing factors to this finding. For example, many advocacy organizations are under-staffed and under-funded, meaning their capacity to respond to all sexual assault exams is compromised. Additionally, not all advocacy agencies respond to all hospitals in their area.

Other potential contributing factors related to lack of advocacy presence could be based on how advocates are called into the hospital. Many facilities automatically call advocates to respond when a sexual assault patient reports for an exam, which is considered best practice; some facilities, however, only call an advocate to respond if advocacy presence is requested by the patient. Regardless of the reasons for not involving advocacy, this finding deserves additional investigation. Ideally, every sexual assault patient would have an advocate present during the exam, if so desired, in order to improve victim outcomes in Minnesota. For more information regarding best practices for advocacy involvement during medical forensic response, please refer to End Violence Against Women International's Training Bulletins on this topic.³

Reporting “Zero” Sexually Trafficked or Exploited Patients

Many respondents reported that their facility did not provide care to any sexually exploited or trafficked patients in 2014. Knowing what we know about the prevalence of sexually exploited or trafficked individuals in Minnesota, these responses do not seem plausible.⁴ However, given that the attention around sexual exploitation and trafficking is relatively new to the hospital realm, the lack of identification and documentation of these patients is somewhat understandable. Even so, many facilities did report a need for identification training of sexually exploited and trafficked individuals. Improving identification training initiatives would likely increase the amount of sexually exploited or trafficked patients documented within these facilities, thus leading to more accurate data tracking. Identification training should also be recurring on a regular basis, as identification increases and improves with consistent and repeated training.

Moreover, it is important for facilities to understand that just because sexually exploited or trafficked patients are not being identified does not mean that those individuals are not seeking medical care. In other words, it is incorrect to assume that no sexually exploited or trafficked individuals are reporting to healthcare facilities; rather, those individuals *are* seeking medical care all over the state, but they are not being identified as “sexually exploited or trafficked.” Improving sexually exploited and trafficked patient identification could simultaneously improve data tracking for this population if appropriate tracking initiatives are put in place.

What Hospitals Need

Regarding what resources their facilities were most in need of in order to improve sexual assault patient response, respondents identified quick, immediate ways to access information as a priority. More specifically, these resources include access to 24/7 consultation with a seasoned SANE, brief videos providing refreshers on how to conduct an exam, and online trainings. All three of these resources have a common theme of being easily accessible while also involving technology rather

³ <http://www.evawintl.org/Library/DocumentLibraryHandler.ashx?id=64> and <http://www.evawintl.org/Library/DocumentLibraryHandler.ashx?id=65>

⁴ Martin & Pierce et al. (2014). Mapping the Market for Sex with Trafficked Minor Girls in Minneapolis: Structures, Functions, and Patterns. Full report: Preliminary Findings (available at <http://uroc.umn.edu/documents/mapping-the-market-full.pdf>). September 2014.

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than face-to-face interaction. As MFEAP continues, project leadership will keep these themes in mind. In order for resources to be most effective and useful, it is necessary to acknowledge what types of resources and what formats fit best within hospital atmospheres and cultures.

The information in this Survey Report can be used to direct next steps for hospitals and healthcare professionals in their response to sexual assault patients. Additionally, MFEAP leadership will incorporate survey feedback regarding needed tools and resources into future project initiatives. Minnesota continues to exemplify high-quality effort and collaboration towards a more victim-centered response to sexual violence survivors, and yet there is more work to be done. Please consult the following Resources section for additional information that can further inform each facility's response to sexual assault patients.

Questions or concerns regarding the *Hospital Response to Sexual Assault Patients Survey* and/or this Survey Report? Contact MFEAP Coordinator, Kari Ogradowski, at kari@mncasa.org.

ADDITIONAL RESOURCES FOR HEALTHCARE PROFESSIONALS AND FACILITIES

Technical Assistance (TA) Through the Medical Forensic Exam Access Project (MFEAP)

MFEAP offers specialized TA to healthcare facilities and professionals regarding response to sexual assault patients, free of charge. TA requests may relate to best practices regarding exam procedure, protocol development and implementation, training opportunities, SANE program sustainability, billing practices, and many other topic areas. Additionally, MFEAP offers tools, resources, and trainings to hospitals and SANE programs that serve to improve medical forensic response in Minnesota. Please call or email Kari Ogrodowski, MFEAP Coordinator, with any inquiries of this nature.

Kari Ogrodowski
SVJI@MNCASA
MFEAP Coordinator
651-288-7450 (direct line)
kari@mncasa.org
MFEAP Website: <http://www.mncasa.org/sane-project>

Online Resources

For quick and easy access to important online resources relating to medical forensic care of sexual assault patients, MFEAP has an Online Resources page on the MNCASA website. Please visit this site at <http://mncasa.org/medical-forensic-resources> in order to see the full list of resources available, including Evidence Collection Guidelines for the MN BCA, CDC Treatment Guidelines, resources related to care of specific populations, and many others.

RapeHelpMN

In order to identify which advocacy agency responds and/or provides services to patients presenting at your facility, please visit www.rapehelpmn.org and click on “Find Help.” The corresponding map feature allows visitors to type in their address and locate the nearest advocacy agency and its contact information.

MN Chapter of International Association of Forensic Nurses (IAFN)

The MN Chapter of IAFN offers regular education opportunities and events for members. Minnesotan SANEs, nurses, and advocates are all eligible to become Chapter members. For more information or to become a member, please visit <http://mnforensicnurses.org/>.

Sexual Assault Forensic Examination Technical Assistance (SAFEta)

This project of the IAFN provides specialized guidance, resources, information, and tools relating to the National Protocol for Sexual Assault Medical Forensic Examinations. To access SAFEta’s resources, visit www.safeta.org or call their SAFEta Helpline at 877-819-SART.

Minnesota Model Policies for Forensic Compliance

The term “forensic compliance” refers to the federal requirement that states and territories receiving STOP funding must be in compliance with certain rules regarding the medical forensic examination for and response to sexual assault victims. SVJI@MNCASA created the *Model Policies* document a few years ago in an attempt to assist Minnesota jurisdictions with the creation and implementation of forensic compliance protocols and practices. To access this report, please visit <http://www.surveymonkey.com/s/6M3ZGRM>.

End Violence Against Women International (EVAWI) Training Bulletins

EVAWI is an excellent resource for best practices regarding sexual assault patient response. Their list of Training Bulletins can be found here (<http://www.evawintl.org/ArchivedBulletins.aspx>), and their resources specific to Forensic Compliance can be found here (<http://www.evawintl.org/Forensic-Compliance>).

Regional Navigators for Sexually Exploited and Trafficked Youth

For more information regarding Minnesota Department of Health’s Safe Harbor initiatives regarding sexually exploited and trafficked youth, please visit <http://www.health.state.mn.us/injury/topic/safeharbor/index.html>. Eight Regional Navigators are placed throughout Minnesota and serve as the main points of contact for sexually exploited youth and concerned agencies. For questions regarding collaborative community response and how hospitals can further improve their response to sexually exploited or trafficked youth, please utilize the contact information found on the Regional Navigator website (<http://www.health.state.mn.us/injury/topic/safeharbor/navigators.html>). Additional information regarding best practices and protocols for responding to and identifying sexually exploited and trafficked youth will be forthcoming later this year through Safe Harbor’s Protocol Development process.

APPENDIX A: HOSPITAL RESPONSE TO SEXUAL ASSAULT PATIENTS SURVEY QUESTIONS

1. If someone presents at your facility as a sexual assault victim, does your facility offer a Medical Forensic Sexual Assault Exam?

- Yes *[IF CHECKED, SURVEY WILL SKIP TO Q3]*
- No
- Unsure

2. Why doesn't your facility offer sexual assault exams?

- Lack of expertise
- Infrequency of patients seeking an exam
- We refer these patients to a better-equipped hospital/facility
- No interest from staff to get trained and/or to perform sexual assault exams
- Hospital management is unable to support or implement training for these exams
- Unsure
- Other (please specify)

[AFTER RESPONDING, SURVEY WILL SKIP TO Q11]

3. Does your facility keep records on how many patients receive sexual assault exams?

- Yes
- No *[IF CHECKED, SURVEY WILL SKIP TO Q5]*
- Unsure *[IF CHECKED, SURVEY WILL SKIP TO Q5]*

4. How many sexual assault patients received exams at your facility in 2014?

Adults (18 years or older):	<input type="text"/>
Adolescents (12-17 years old):	<input type="text"/>
Children (under 12 years old):	<input type="text"/>
Total:	<input type="text"/>
Unsure (please explain):	<input type="text"/>

[AFTER RESPONDING, SURVEY WILL SKIP TO Q6]

5. Please estimate how many sexual assault patients received exams at your facility in 2014.

Adults (18 years or older):

Adolescents (12-17 years old):

Children (under 12 years old):

Total:

Completely unsure (please explain):

6. How does your facility document sexual assault exams? Check all that apply.

- Sexual assault documentation form
- Electronic Health Record
- BCA form in sexual assault evidence kit
- No documentation made/retained
- Other (please specify)

7. If a patient decides not to report to police immediately, where is the sexual assault evidence collection kit stored?

- Hospital
- Law Enforcement Office
- Sexual Assault Advocacy Agency
- Other (please specify)

8. If the patient chooses not to report immediately, how long is evidence stored?

- Not stored
- 1-90 days
- 3-12 months
- 1 year or more
- Statute of Limitations (forever)
- Other (please specify)

9. Are sexual assault advocates called in to the hospital to support the patient during the exam?

- Yes
- No
- Unsure

10. If advocates are not called in during exams, does your facility offer referrals to outside agencies after the exam is complete?

- Yes
- No
- Unsure

11. Does your facility keep records on how many sexually exploited or trafficked patients receive care?

- Yes
- No *[IF CHECKED, SURVEY WILL SKIP TO Q13]*
- Unsure *[IF CHECKED, SURVEY WILL SKIP TO Q13]*

12. How many sexually exploited or trafficked people received care in your emergency department in 2014?

Adults (18 years or older):	<input type="text"/>
Adolescents (12-17 years old):	<input type="text"/>
Children (under 12 years old):	<input type="text"/>
Total:	<input type="text"/>
Unsure (please explain):	<input type="text"/>

[AFTER RESPONDING, SURVEY WILL SKIP TO Q14]

13. Please estimate how many sexually exploited or trafficked people received care in your emergency department in 2014.

Adult (18 years or older):	<input type="text"/>
Adolescent (12-17 years old):	<input type="text"/>
Children (under 12 years old):	<input type="text"/>
Total:	<input type="text"/>
Completely unsure (please explain):	<input type="text"/>

14. What services does your facility offer to sexually exploited or trafficked people?

- Referrals
- Housing Assistance
- Counseling
- Safety Planning
- Reparations
- Follow-up Medical Care
- County services
- Other (please specify)

15. What training, if any, has your staff received to help identify sexually exploited or trafficked people?

- No training
- Outside agency
- Webinar
- In-service
- Other (please specify)

16. Please indicate which of the following resources your facility and staff would benefit from accessing. Check all that apply.

- Detailed printed instructions for conducting and documenting a sexual assault exam
- Printed general information about sexual assault patient care
- Brief video providing a "refresher" on sexual assault exam procedure
- 24/7 telephone access to a sexual assault nurse examiner who could consult on the sexual assault exam process and care for patients
- Opportunities for your facility's nurses to shadow other SANE-trained nurses in the metro area
- Short videos geared towards patients' needs (e.g. explanation of advocacy services, what to expect during the exam, etc.)
- Identification of sexually exploited or trafficked patients
- In-person trainings
- Unsure
- Other (please specify)

17. Please indicate which of the following trainings hospital staff would benefit from accessing. Check all that apply.

- Training nurses to be Sexual Assault Nurse Examiners
- 4-hour in-service trainings for nurses and/or physicians on how to perform sexual assault exams
- Online training for general information on sexual assault exams
- In-person training for general information on sexual assault exams
- Information session on sexual assault advocacy services and/or other community resources
- All staff training on working with sexual assault patients
- Identifying and serving sexually exploited or trafficked people
- Unsure
- Other (please specify)

18. Which of the following populations could your facility use guidance in providing appropriate sexual assault care? Check all that apply.

- Sexually exploited or trafficked people
- Adolescents (13-17 years old)
- Children (12 years old and under)
- Immigrant/refugee communities
- Gay, lesbian, transgender, or non-gender identifying
- Asian or Pacific Islander
- Black/African American
- American Indian/Native
- Hispanic/Latino
- Unsure
- None
- Other (please specify)

19. What are the top two resources your facility is in most need of to provide quality and compassionate care for patients who are victims of sexual violence?



20. SVJI@MNCASA works with healthcare facilities to improve and support their services for sexual assault patients; some examples of this assistance are listed below. Please indicate which services your facility would benefit from accessing:

- Guidance on implementing best practices in hospital care for sexual assault patients
- Identifying and/or implementing a protocol for sexual assault patients that fits your community
- Assistance in coordinating a cohesive and comprehensive multidisciplinary response to sexual assault victims in your area
- Assistance in working with nearby healthcare facilities to provide a coordinated sexual assault patient response
- Assistance in navigating the sexual assault exam billing process
- Unsure
- Other (please specify)

