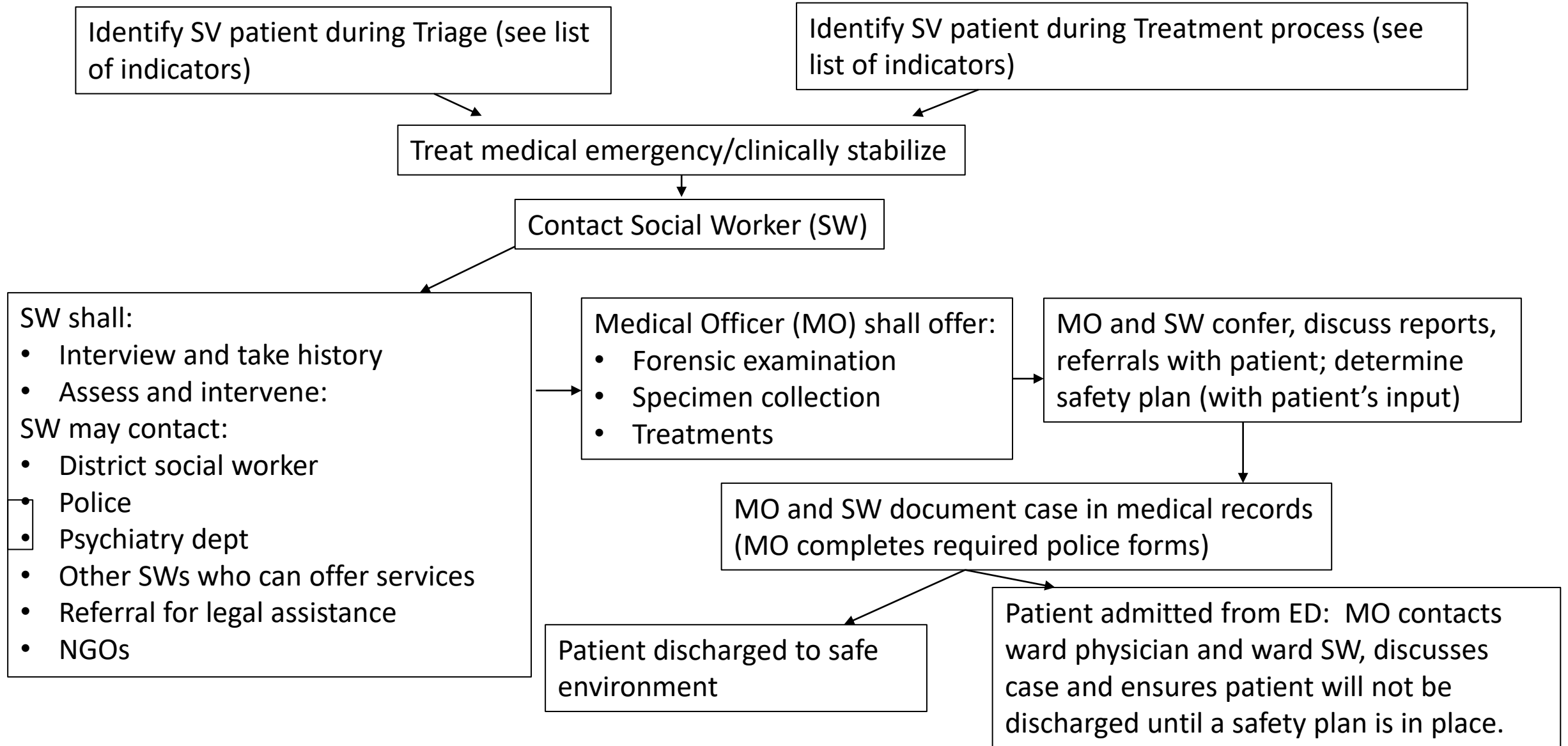


# Potential Indicators of Sexual Violence:

- Patient is accompanied by domineering companion who is reluctant to allow patient to speak, will not leave patient alone with provider, and/or refuses interpreter. Patient may appear intimidated by companion.
- Child/adolescent presents with signs/symptoms of sexually transmitted infection (STI) or pregnancy
  - Especially concerning if there is a prior history of STI or pregnancy
- Patient presents after suicide attempt
- Patient presents with pain without apparent cause (or other nonspecific, vague complaints)
- Old or recent injuries are present and:
  - Multiple different explanations for an injury are provided
  - Injuries are patterned and/or located in protected areas of the body (neck, torso, inner thighs, upper arms)
  - Explanation for traumatic injury is inconsistent with injury mechanism, apparent age of injury, or circumstances)
- There is evidence of drug use/abuse
- Patient is depressed or otherwise distressed
- Patient has a history of:
  - Sudden change in behavior/loss of interest
  - Dropping out of school unexpectedly
  - Problematic sexualized behavior in young child (intrusive, persistent, may involve force, coercion)

## FLOW DIAGRAM FOR MEDICAL MANAGEMENT OF SEXUAL VIOLENCE (SV) (Emergency Department [ED])



# Roles of Providers

- Triage nurse, other nurses, security officers
  - If recognize possible indicators of SV, notify SW
- Social worker
  - Interview and take psychosocial history
  - Assess and intervene (reports, referrals, etc.)
    - Work with MO and patient to determine safety plan
  - Document information in medical record
  - Ensure next treatment team is aware of SV and safety plan, as appropriate
- Medical officer
  - Obtain medical and mental health history and review of systems
  - Conduct forensic examination
  - Collect forensic evidence, as indicated
  - Offer STI and pregnancy testing/treatment
  - Work with SW and patient to determine safety plan
  - Document in medical record, complete required police forms
  - If patient admitted, discuss case with ward physician and SW
  - Discuss with patient possible health-related referrals; assist in contacting referral agencies at time of discharge
  - Arrange follow-up if feasible