



SAFE/SAVI Roles in the Emergency Department

Sexual Assault Forensic Examiner (SAFE):

SAFEs have specialized training to provide care to our patient survivors of sexual assault when they are in the ER for follow up care.

- SAFEs are medical providers (attendings, PAs, residents, nurses, and NPs).
- They can respond to cases that have occurred up to 120 hours after an assault.
- They are trained to work with patients 12 years and older.
- SAFEs usually spend 3-4 hours with the survivor helping them navigate this difficult and sometimes invasive forensic exam.
- When desired by the patient, SAFEs collect evidence including samples and photographs when needed. They may also collect clothing as evidence.
- SAFEs help discuss post exposure medications with the survivor.
- SAFEs work with social work to ensure safe discharge planning.

You can reach the SAFE provider by paging AMAC.

SAVI (Sexual assault and Violence Intervention) Troubleshooter:

A troubleshooter at SAVI is available 24/7. This role is covered by SAVI's Executive Director, Assistant Director, SAFE Medical Director, and our SAFE program coordinators.

Troubleshooters support the Emergency Department, the SAFE, and the ED Advocate. You can call the troubleshooter for any of the following reasons:

- If there is a Code 11 but there is no SAFE coverage. We are able to reach out to our roster and see if anyone can pick up the case. Troubleshooters can also help guide ED staff through an exam and/or evidence collection if no SAFE becomes available*.

You can be connected to us through AMAC. We cover MSH, MSQ, and BI.

**A note about SAFE Coverage: We have many SAFEs on our roster, and we are always training more, however picking up shifts is not mandatory so there may be gaps in the schedule.*

SAVI Advocate:

Advocates are volunteers that support the survivor during their stay in the ER. They collect information to report back to SAVI, so that it can be ensured each survivor has proper care and follow up after they leave the hospital.

The Advocate will usually sit by the patient's side and provide emotional support, help the patient understand their rights (both in the ED and reporting to law enforcement), discuss resources and take care of tangible needs (help finding the survivor blankets, food, etc). Sometimes they are able to help support those that may be accompanying the survivor.

They are an amazing part of this program, and remember they are volunteers! If you see them standing up near the survivor's room, you can offer them a chair or a water. They are usually there for the entire ER stay.

Advocates can be activated by calling AMAC. The Troubleshooters also have access to the advocate schedule and can help with any questions or concerns related to advocates that may come up.

Frequently Asked Questions and Concerns:

Most sexual assault cases are not straight forward, and questions often come up. Circumstances, concerns and challenges for one patient may be vastly different than for another. When you encounter a difficult case or have any question or concern about how to proceed, please do not hesitate to call the troubleshooter! Here are a few of our most common questions:

Consent

Consent is one of the most difficult issues that can arise. For a SAFE provider to be able to do an exam on a survivor, the survivor must be able to consent. The SAFE exam is not a **medically necessary** exam and therefore SAFEs cannot perform an exam or evidence collection without the consent of the patient.

- The survivor needs to understand what is about to happen.
- They should be able to sit up and sign a paper.

Most of the time, the providers in the ER are the first people a survivor sees after an extremely traumatic event. We do not want to be forceful. The survivors should feel protected with us, and they make every decision from here on out. Please see the following advice from our legal team about consent:

The provision of the expanded Family Health Care Decisions Act only applies to decisions regarding "health care" which is defined in the statute as "treatment, service or procedure to diagnose or treat an individual's physical or mental condition." A sexual assault forensic exam does not qualify as health care and therefore the long list of authorized family members authorized to consent is simply not applicable to this scenario.

Under 405.9(c)(2)(vi) the hospital must obtain the patient's consent or "consent of the person authorized to act on the patient's behalf" for the collection of the evidence.

However, the only persons who would be authorized to act and consent to such a forensic test would be someone who was given general decision-making authority for that person (which can be found in guardian forms or power of attorney forms... but often that authority is limited to financial matters or health matters and then the person would not be authorized to consent for a forensic test. The person would have to have been given overall decision-making authority.)

Moreover, these patients have already been traumatized so we need to tread very carefully to secure their consent and certainly not go against their wishes... which could only traumatize them further. In the rare circumstance there could be extenuating circumstances that might warrant further discussion such as if the patient is permanently unconscious/incapacitated and the likely victim of a crime but even in these cases, I would suggest obtaining a court order to perform the exam and collect the evidence."

Pediatric Patients

SAFEs are trained to respond to cases with survivors 12 years and up. There are a few SAFEs who have pediatric (<12 years old) training and SAVI continues to train more when possible. ***If a survivor is 12 years and older, they are legally allowed to consent for a SAFE exam on their own because it pertains to their sexual health.*** A parent or guardian cannot force a child/adolescent to get a SAFE exam and a child/adolescent can be seen without their parent/guardian when they come to the ER complaining of sexual assault.

Intoxicated Patients

If a survivor is coming in for sexual assault but they appear acutely intoxicated, a SAFE cannot perform an exam until they are sober and able to consent. If the survivor keeps falling asleep or is very lethargic, please consider calling the SAFE when they are more sober. You can also call the troubleshooter and we can walk you through the next steps. This also applies to a patient who has been sedated for any reason.

Psychiatric Patients

If a patient comes in complaining of sexual assault and they seem to understand what is going on, then a SAFE can come in for evaluation.

The patient needs to:

- Have insight and be able to articulate what happened to them to a certain extent.
- They need to be able to sign consent and understand the process of the exam.

If they appear dissociated, psychotic, extremely withdrawn and not speaking at all, they may require psychiatric clearance.