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This project is supported by Grant Number 2007-WF-AX-008 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication, program, exhibition, are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Justice, Office on Violence Against Women. Grant funds are administered by Office of Crime Victims Advocacy, Washington State Department of Community Trade and Economic Development.

Effective Medical Advocacy

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Providence Intervention Center for
Assault and Abuse

Objectives

- Increased understanding of CSAP Service Standards for Medical Advocacy
- Increased knowledge of medical models and service settings
- Identify key stakeholders in the community and hospital setting
- Identify strategies to address potential pitfalls and problem areas

Providence Intervention Center

- Agency Model
- History
- Services
- Philosophy
 - Advocacy
 - Medical/Nursing
- Victims receive services for all their concerns regardless of method of presentation

Why Medical Advocacy?

- Statutory right to support
- CORE service
- Medical examination can be one of the most intimidating processes in recovery from SA

What is Medical Advocacy?

- Information is the key not location
- Unbiased information about services, options, procedures
- Be careful not to give medical advice
- Know when to refer to other resources

Location of Services

- Crisis Line – 20%
- Office – 8%
- Hospital – 71%
- Out Patient Clinics
- Jail/Prison
- Schools

How often are you going to the hospital?

- A few times a year – 35%
- 1-2 a month – 32%
- 1-2 a week – 32%
- Almost every day – 1%

Statutory Victim's Rights

- RCW 7.69.030 – Access to immediate medical assistance without unreasonable delay
- RCW 70.125.060 – A personal representative of the victim's choice may accompany victim to the hospital or other health care facilities
 - "Personal representative" means a friend, relative, attorney, or employee or volunteer from a community sexual assault program or specialized treatment service provider.

CSAP Service Standard – Medical Advocacy

■ Activities

- Assistance in making informed decisions including referral for forensic exams
- Provide information about medical care and concerns and assistance with needed follow-up
- Support at medical exams and appointments
- Information and/or assistance with Crime Victim's Compensation applications

CSAP Service Standard – Medical Advocacy

- Service Recipients
 - Child Sexual Abuse Assault Victims
 - Adult/Adolescent Sexual Abuse Assault Victims
 - Non-Offending Parents
 - Significant Others who require help or assistance to address their reaction to the victimization

CSAP Service Standard – Medical Advocacy

- Qualifications
 - CORE Training
 - 4 hours of medical advocacy
 - Understanding of medical services respond to victims of sexual abuse/assault
 - 12 hours annual on-going training

Know Your Medical Providers

- SANE -63%
- Forensic Nurse Examiner
- RN staff – 27%
- MD/DO -22%
- Physician's Assistant
- Nurse Practitioner

Medical Sites

- Emergency Department – ED
- Specialized clinics
 - Sexual Assault Specific
 - Combined abuse/assault centers
- General clinics
- School clinics
- Correctional facilities

ED Environment

- There are many different staff in the ED
- Triage – first contact with patient
- MD Screening is required
- Policies and Procedures are desirable
- Often no space
- No Food Allowed
- Role Confusion

Variations in Practice

- Who's qualified to do this?
- Holistic versus focused
- RN versus SANE (forensic)
- SANE versus SART
- MD/PA
- RN with no experience

Why do an Examination?

- History as reported by victim
- Locate and document injuries
- Assess medical risk
- Educate on medical concerns
- Protect a case
- Medical exception to hearsay
- Reassurance of health
- Increase likelihood of reporting

Sexual Assault Examinations

- History drives exam and forensic decisions
- Physical Exam
- Forensics
- Clothing optional
- Adjunct treatment
- SA treatment
- Discharge and Referrals

Forensics

- Highly variable
 - History
 - Patient preferences
 - Provider dependent
- Clothing
- Woods lamp
- Biological
- Skin and Hair
- Trace and Debris

CSI Effect

- Many patients come in believing that we will “DO EVERYTHING”
- Run the DNA tests right now and they will get the results of who is identified
- It will be solved/resolved in one hour
- Often have a sophisticated and advanced knowledge of forensic practices
 - May interfere with medical exception to hearsay practices

Emergency Contraception

- RCW 70.41.350
 - If not medically contraindicated, provide emergency contraception immediately at the hospital to each victim of sexual assault who requests it
- Ethical and Religious Directives for Catholic Health Care Services (2001)
 - Directive 36: A female who has been raped should be able to defend herself against a potential conception from the sexual assault.

Medical/Nursing Decision Making

- Know why the nurse is asking specific questions so you can explain it to victims if she doesn't
- Responsibility for results of assessment rests on EDMD or Forensic Nurse
- Don't assume that because you don't hear the nurse say something that it was not considered
- Remember the wide variation in the provider and their training
- Always ask if you think something isn't being covered

Collaborating with Medical Services

Where do you start?

- Know available services and resources in the hospital and your community
- Sell your services
 - Know why you're valuable
- Perceived need
 - Medical needs to know that they need you
- Inform victims they have the right to have an advocate with them during their medical procedures

Outreach to Hospitals

- Emergency Room
- Women and Children's Services
- Social Workers

“How do you see this happening?”

- Procedures are very important. Come prepared with a procedure
 - Some things to be prepared to discuss
 - Advocate is contacted by...
 - Advocate calls back to ...
 - Response time is...
 - We will document...
 - We will provide...
 - You will train regarding...
 - We will train regarding...
 - We expect/don't expect...
 - Reimbursement

HIPPA Confidentiality

- ***Protected health information (PHI)*** is individually identifiable health information that is transmitted or maintained by a covered entity in any form or medium.
- For an individual or entity meeting the definition of a Business Associate, PHI may only be released if the PHS-WA covered entity has:
 - a business associate agreement with the individual/entity; or
 - a contract with the individual/entity containing language consistent with a business associate agreement and approved by the PHS Office of Legal Affairs.

What does HIPPA mean to an advocate?

- Personal liability
- Professional liability
- Hospital will require a release of information from the patient in order for you to have access to information including contacting you in the beginning

Pitfalls and Challenges

- We don't even share a common language
 - consent, enable
- Difference in informed consent standards
- Perceived interference with medical care
- Stepping on each other's toes
 - who talks about what
 - duplication of information
- Food wars – advocates need to meet needs
- Well intended medical advice
- Addressing concerns with medical care

Contact Information

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