Standards of Care
Ontario Network of Sexual Assault & Domestic Violence Treatment Centres

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The Standards of Care for Sexual Assault & Domestic Violence Treatment Centres have been developed to describe the health care service delivery expectations for victims/survivors of sexual assault and/or domestic violence who present to a Sexual Assault & Domestic Violence Treatment Centre in Ontario. The Standards were developed in collaboration with the 35 SADTVC Program Coordinators, and are based on evidence informed best practices, testing and treatment guidelines, health care guidelines and forensic requirements.

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For further information: www.sadvtreatmentcentres.net
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About the Network

Established by the Ministry of Health and Long-Term Care (MOHLTC) in 1993, the Ontario Network of Sexual Assault/Domestic Violence Treatment Centers (SA/DVTC) provides leadership and support to hospital-based Sexual Assault and Domestic Violence Treatment Centres across Ontario.

Our goal is to establish standardization in service provision across the province. The Network represents the SA/DVTCs, lobbies for change and works to influence public policy.

We strive to ensure that women, children, men and trans persons who are survivors of sexual assault and/or domestic violence have access to timely support and the highest quality of specialized care to address their individual health and forensic needs.

The Network consists of nurses, social workers, physicians and support staff. Working closely with medical and legal professionals and community partners, we provide expertise, research, education and training in the prevention and treatment of sexual assault and domestic violence.

Sexual Assault/Domestic Violence Treatment Centres:

There are 35 hospital-based programs that provide 24-hour care to women, children and men who have been sexually assaulted or who have experienced intimate partner violence. Services include: emergency medical and nursing care, crisis intervention, safety planning, collection of forensic evidence, arrangement of health care follow-up, counselling and referral to community resources.
Statement of Philosophy

The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres is committed to operating from a feminist analysis of violence which recognizes the embedded social, cultural and systemic imbalances within society that promote and maintain violence. As such, we recognize the importance of promoting choice, respect and empowerment, while honouring differences.

Vision

The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres is a unifying voice and catalyst for change in responding to the health and forensic needs of women, children and men who have experienced sexual assault and/or domestic violence.

Mission

The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres supports SA/DV programs through advocacy, education and research.

Core Beliefs

We believe:

1. All individuals have the right to a life free of violence.
2. Violence is gender-based, wide-spread and a human rights violation. It reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims (Statistics Canada).
3. Sexual assault and domestic violence have a long-term impact on our society.
4. Sexual assault and domestic violence are crimes and perpetrators need to be held accountable.
5. Sexual assault and domestic violence must be addressed collectively by the health care, legal, social and political systems.
6. All individuals have the right to competent services that recognize and embrace individual differences.
Principles of Service

Inclusion and Equity
Everyone has the right to effective, equitable and timely services.

Client-Centred
Our services must be individualized, accessible, consistent, sensitive and non-judgmental.

Informed Choice
Clients can make informed choices when information is delivered in a timely, accessible and responsive way.

Education
Professional development and ongoing education are crucial to delivering quality services by competent professionals.

Collaboration
Collaboration and networking encourage information exchange, reduce isolation and facilitate resource sharing.

Accountability
Centres and professionals demonstrate accountability to the clients receiving our services and to our funding bodies through data collection, program evaluation and the delivery of evidence-based quality services.
Introduction

The Ontario Network of Sexual Assault and Domestic Violence Treatment Centres has developed Standards of Care to ensure that all SA/DVTC programs provide the best health and forensic care for women, children and men who have experienced sexual assault or domestic violence.

The Standards of Care provide a guide to the knowledge, skill and judgment that are needed by the health care professionals of each program. These guidelines will ensure standardized and consistent care province-wide. They inform health care providers of their accountabilities and the public of what to expect when attending a SA/DVTC program.

Standards of Care, along with federal and provincial laws and professional regulations, assist clinicians, program administrators and hospital administrators to understand their responsibilities and to make safe and effective decisions in their program planning and clinical practice.

It is recognized that the health and forensic needs of children who have been sexually assaulted different from adults. As well, there are legislative differences such as reporting obligations and consent issues. The document “Ontario Pediatric Sexual Assault/Abuse Training Manual” provides detailed information and can be accessed at www.sadvtreatmentcentres.net

To help health care providers meet the expectations outlined in the practice standards and guidelines, the Network provides a variety of educational opportunities for clinicians, such as trauma therapy training, Sexual Assault Nurse Examiner training, online pediatric peer review and educational sessions, HIV-PEP (Post Exposure Prophylaxis) training, an Annual Conference for all health care providers, a website with up-to-date information, scientific research, information and resources.

These Standards are described according to the mandate of the SA/DVTC program as follows
• Emergency service care
• Follow-up health care
• Counselling services
• Education & outreach.
Standards of Care

1. Organizational/Program Standards

Standard 1: Health care facilities treating sexual assault/domestic violence clients establish and promote a patient-centered model of care.  

Indicators & Practice:

- Every SA/DVTC program develops policies and procedures to guide client care based on the philosophy and values of the Network of SA/DVTCs.

Standard 2: Health care facilities ensure that the health professionals providing care to survivors of sexual assault are skilled and competent in this field.

Indicators & Practice:

- SA/DVTC programs utilize health care providers who have received specialized training in sexual assault and domestic violence.
- Education and training should include training requirements under the Accessibility for Ontarians with Disabilities Act and should incorporate cultural sensitivity components to recognize the unique needs of Ontario’s diverse population.
- Health care providers demonstrate knowledge of the psychological and physical impact of sexual and physical violence on women, children and men.
- Health care providers demonstrate knowledge, skill, judgment, compassion and empathy in their approach to care.
- Health care providers are encouraged and supported to engage in ongoing professional activities including educational opportunities, case consultations and peer review sessions to maintain skill and competency levels.

Standard 3: Respect for client autonomy.

Indicators & Practice:

- Clients are recognized as having unique and individual needs that are influenced by one’s own cultural identity, sexual orientation, age, gender, abilities, socio-economic situation, religious beliefs and social circumstance.
- Client decisions are respected and non-judgmental care is provided in accordance with their decisions.
Standard 4: SA/DVTC programs recognize and address the unique needs of clients, and ensure that *Accessibility for Ontarians with Disabilities Act* customer standards are implemented.\(^2,7\)

Indicators & Practice:
- Additional supports will be provided as necessary including (but not limited to):
  - A cultural interpreter for the client who speaks and understands a language different from the health care provider;
  - An interpreter for the deaf when the client is hearing impaired;
  - Access to an examination table that increases the autonomy of clients with physical disabilities;
  - The provision of a support person during the examination when requested by the client.

Standard 5: Informed consent is obtained from the client prior to the provision of health and forensic care.\(^8,9\)

Indicators & Practice:
- The health care provider obtains client consent in accordance with the Health Care Consent Act.
- The health care provider gives comprehensive, non-biased information to sexual assault/domestic violence clients regarding the treatment and forensic options that are available, including explanation of the unique purposes of medical and forensic examinations.
- When the client is unable to provide consent for the collection of forensic evidence due to permanent mental disability or an altered level of consciousness, a decision algorithm is utilized to determine the timing and process for the collection of forensic evidence (see Guidelines for Care for the Person who is Unable to Provide Consent [http://www.sadvtreatmentcentres.net](http://www.sadvtreatmentcentres.net)).

Standard 6: The institution and SA/DVTC maintain confidentiality of the sexual assault/domestic violence client.\(^10,11,12\)

Indicators & Practice:

The health care provider shares only necessary information about clients with those providers who are in their direct circle of care unless the client has consented for release of medical information.
- The health care provider only collects information that is relevant and required for the provision of health and forensic care related to the assault.
- The health care provider ensures that clients understand the parameters of confidentiality. Under the Child and Family Services Act (Section 72 [1] 22) and Mental Health Act26 , confidentiality cannot be maintained when:
- A child under the age of 16 is in the home and there is a belief that the child is in need of protection
- A child under the age of 16 is considered to be at ongoing risk of abuse.
- When the client threatens to harm self or others.

As well, clients should be informed that health records are subject to subpoena.

**Standard 7: The SA/DVTC emergency service is provided dedicated space within the hospital for the examination and care of victims/survivors of sexual assault and/or domestic violence. In order to meet the forensic/medical needs of the victim/survivor and supports, the examination room requirements include:**

- A private area in close proximity to other 24/7 services in case assistance is required. The room will require a locking system. A waiting area for police and support persons should be provided.
- Wheelchair access as well as an adjustable examination bed
- Close proximity to a bathroom that has a shower. It is preferable that the bathroom be within the examination room.
- Storage for all the equipment required by the examiner. Equipment includes (but is not limited to) SAEKs, refrigerator, freezer, cupboard with a lock, clothing, linens, venipuncture equipment, medications, specimen collections).
- Cleaning protocols and procedures to ensure that there is no contamination of forensic evidence.
II. Client Care Standards (Emergency Service)

The emergency service is generally accessible within seven days of the assault. Clients who present to the emergency service beyond this timeframe are usually referred to the follow-up service.

**Standard 1: Care will be provided to the client in a timely manner**

- The SA/DVTC health care provider will respond within 15 minutes of being paged and will attend to the client within one hour. Exceptions to the one hour response time may include: medical care for the client taking priority over the forensic/health care, long travel time to satellite site, the provider attending to another client. Delayed response time with reason should be documented.

**Standard 2: The safety, privacy and physical comfort needs of the client are addressed.**

Indicators & Practice:
- Clients are provided a quiet, private treatment area.
- Clients are recognized as emergent or urgent patients and are triaged according to the Canadian Triage Acuity Scale (CTAS).

**Standard 3: The health care provider provides crisis intervention to address the emotional trauma throughout the healthcare visit.**

Indicators & Practice:
- The health care provider provides unconditional and nonjudgmental support to the client.
- The health care provider assesses the client for psychological distress including suicidal ideation and consults/refers to the appropriate service as necessary.
- The health care provider respects the informed decisions that are made by the client in regards to health care and legal decisions.
- The health care provider identifies other client supports including family, friends and/or agencies.

**Standard 4: The health care provider’s documentation presents an accurate, clear and comprehensive picture of the client’s needs, the health/forensic interventions and the client outcomes.**

Indicators & Practice:
- The health care provider utilizes the Sexual Assault (SA), (Appendix A), Domestic Violence (DV) (Appendix B) and Pediatric Sexual Assault documentation (Appendix C) tools as developed by the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres to ensure that documentation is thorough, complete and relevant.
• Additional documentation may be done on more in-depth body maps, photography, and/or the strangulation assessment form (Appendix D).
• Injuries are accurately measured and described using body diagram records. All injuries related to the assault are documented.
• If photo-documentation is used, the sequence and location of injuries photographed is documented on the health record as well as the date/time/signature of the photographer.

**Standard 5: The client’s medical needs resulting from the assault are addressed by the appropriate health care provider.**

Indicators & Practice:
• Medical intervention for injury or any urgent medical condition is provided by the emergency/urgent care department staff. The timing of the SA/DVTC team involvement in care is determined on a case-by-case basis.
• Health care providers who work independently as Sexual Assault Nurse Examiners, appropriately utilize the Criteria for Referral to a Physician in accordance with their hospital Medical Directives.

**Standard 6: The SA/DV client’s health concerns about pregnancy are addressed.**

Indicators & Practice:
• A baseline urine or blood sample for pregnancy is obtained on all female clients when indicated.
• The risks of pregnancy from the assault are discussed with the client. Considerations for risk of pregnancy include: assault history, client health history and current contraceptive use.
• Clients are offered and provided prophylactic medication for the prevention of pregnancy from the assault.

**Standard 7: The SA/DV client’s health concerns about sexually transmitted infections (STIs) are addressed.**

Indicators & Practice:
• The health care provider discusses the risk of exposure to sexually transmitted infections based on assault history.
• The health care provider offers baseline STI test consent as per program protocol.
• The health care provider offers and provides medications for the prevention of Gonorrhea, Chlamydia, Hepatitis B and HIV as per program protocol and current standards as recommended by the Public Health Agency of Canada.

**Standard 8: Drug Facilitated Sexual Assault care is considered for all sexual assault clients.**

Indicators & Practice:
• All sexual assault clients who present to the SA/DVTC program are screened for suspected Drug-Facilitated Sexual Assault (DFSA).
• Screening for DFSA is incorporated into the provincial nursing sexual assault documentation tool.
• A supplemental DFSA documentation tool (Appendix E) is used by the health care provider when DFSA is suspected and further care/examination is required.
• When the client is unable to recall details of the assault, the health care provider offers all the prophylactic medications for the prevention of STIs, pregnancy and other care needed as a result of the suspected assault.
• If DFSA is suspected and the client is reporting to police, all samples in the Sexual Assault Evidence Kit (SAEK) are collected and released to police (with client consent).
• Some clients are hesitant to report to police because of lack of memory about what happened. Others do not want to report but want to find out if drugging and sexual assault occurred. In these cases, the health care provider can offer the following:
  o The collection of a urine sample to be sent to a designated laboratory (e.g. Toxicology Unit, The Hospital for Sick Children in Toronto) for analysis for the presence of drugs/alcohol. The collection and storage (freezing) of the SAEK should be offered in conjunction with the above sample.

**Standard 9: Sexual Assault/Domestic Violence Treatment Centre programs provide competent, specialized forensic care to sexual assault and domestic violence clients.**

**Indicators & Practice:**

• Clients are provided with a comprehensive explanation of the forensic options which include:
  o The collection and release of forensic evidence to police with the consent of the client.
  o The collection and storage of forensic evidence at the hospital pending the client’s decision about reporting to police.
  o Reporting the assault to police without the collection of forensic evidence.
  o No forensic evidence collection and no report to police.
  o Anonymous report of the assault to police if available.

• For Sexual Assault clients:
  o The Sexual Assault Evidence Kit (SAEK) as designed by the Centre of Forensic Sciences is used to collect forensic evidence up to seven days post-sexual assault.
  o Forensic documentation is done using the forms provided in the SAEK.
  o Photo-documentation and body-map diagrams of injuries when applicable.
  o Continuity of evidence is maintained through the evidence collection process and the chain of custody is documented.
- Procedures are followed to address contamination of evidence issues as per program protocol.

- For Domestic Violence clients:
  - Forensic evidence such as clothing (and other items) will be appropriately collected and documented (based on the history) as per program protocol.
  - Forensic documentation will be done using the SA/DVTC Domestic Violence Documentation Tool.
  - Photo-documentation and body-map diagrams of injuries when applicable.

**Standard 10: All clients are assessed for risk of ongoing abuse and provided with safety planning strategies.**

Indicators & Practice:
- Risk assessment of potential for further abuse is conducted and documented.
- Documentation that a safety plan has been provided to the client is recorded on the nursing documentation tool.
- Transportation to a shelter or other place of safety is provided.
- The safety plan includes phone numbers for 24 hour crisis lines; information and contact numbers for community agencies such as shelters, legal services, police and information about what to do to stay safe.

**Standard 11: All clients are offered follow-up care at the SA/DVTC program and/or referral to a community agency for ongoing support.**

Indicators & Practice:
- All clients seen through the emergency service are offered referral for ongoing health follow-up and/or counselling either through the SA/DVTC program or a community agency.
- The follow-up care offered to the client is recorded as part of the nursing documentation. It will be ascertained if it is safe to contact the client and if not, the client will be provided with contact numbers for the program.
- Clients are informed about available community support services and provided information about those services. The follow-up care plan is developed in conjunction with the client, family and others, as appropriate.
- Care is coordinated among the emergency service, counselling services and follow-up support services to ensure timely access to care.

**Standard 12: All clients are provided with written documentation of the care received at the SA/DVTC program and any accepted follow-up care.**

Indicators & Practice:
- The information should be clearly written at an appropriate level of language and include:
  - The name of nurse examiner and program contact information.
  - Any forensic care provided
- Medications given, instructions for taking medications, side-effects and management of side effects.
- Follow-up care recommended, date and time of follow-up appointment.
- Contact information for community agencies.
III. **Client Care Standards (Follow-up SA/DV Program)**

**Standard 1:** All clients who are seen in the emergency service are offered follow-up health care for additional emotional support and to further address client’s health care and forensic needs.\(^2,^3,^13\)

Indicators & Practice:
- Follow-up appointments are arranged as the client chooses and corresponding to their medical and emotional needs.
- Risk assessment and safety planning will be re-offered or reviewed with all DV/SA clients.
- DV clients and SA clients with injuries will (with consent) be re-examined and have injuries re-documented and photographed.
- Test results from the acute visit will be reviewed with the client.
- HIV PEP medication and follow-up care will be provided, at no cost, weekly for clients until they terminate the treatment or the course is complete.
- If needed, consultation with an Infectious Disease or HIV expert will occur.
- SA clients will be informed re: Hepatitis B status and the need for additional immunization as per the STI treatment guidelines.
- Ongoing support and referrals will be provided as needed.
- Clients may also access follow-up information via telephone.

**Standard 2:** Client may access or request follow-up services from another SA/DVTC.\(^2,^8,^18\)

Indicators & Practice:
- The client will be provided with the address, telephone number and location of the site she/he is to be transferred to, known here as the receiving care centre.
- Consent (written or verbal) will be obtained from the client to transfer the hospital visit records from the initial centre of care, to the receiving care centre.
- The client will be provided with HIV PEP medication until she/he is able to arrange an appointment at the receiving care centre.
IV. Client Care Standards (SA/DVTC Counselling Services)

Standard 1: All clients seen through the emergency service of the SA/DVTC are prioritized to access confidential counselling services at no cost to them (covered by MOHLTC) as it pertains to the mandate of the particular SA/DVTC. Clients who were not seen originally through the emergency service are also provided counselling depending on program resources.

Indicators & Practice:
- Clients are defined as women, men and transgender persons who have experienced sexual assault and/or domestic violence, and children and adolescents who have experienced sexual abuse/assault. Centres that provide medical or counselling services to children and adolescents may also offer services to their non-offending caregivers.
- Clients who request counselling services for sexual assault and/or domestic violence are provided with or are referred to these services as soon as possible. All centres will make every effort to provide counselling services in a timely manner.
- During the first visit to the centre, limitations to confidentiality, duty to report child protection concerns as per the Child and Family Services Act of Ontario, suicide/homicide concerns as per the Mental Health Act are discussed.
- Counselling services are provided in a culturally competent manner.

Standard 2: SA/DVTC counselling programs provide short-term counselling to clients. Clients who require support beyond the program scope and mandate will be referred to other resources for additional support.\(^3,6\)

Indicators & Practice:
- Clients will be informed of the scope of counselling services available and options for community counselling services.

Standard 3: A comprehensive and careful clinical assessment will be conducted with all clients and may be guided by the Initial Counselling Assessment form.\(^6\)

Indicators & Practice:
- Assessments are conducted in collaboration with the client. The counsellor is guided by feminist principles (as detailed in our Statement of Philosophy, found on page four) and a solid knowledge base in trauma, sexual assault and intimate partner violence.
- Treatment goals and plans will be developed from this assessment in conjunction with the client.
- Counsellors will advocate on behalf of clients as required for appropriate and helpful responses from the various systems they may be engaged with (e.g., legal, housing, financial).
Standard 4: All clients are assessed in the context of their sexual assault/domestic violence experience. If needs are identified beyond the scope of trauma counselling, and the mandate of the service, referrals will be made to appropriate community resources.6

Indicators & Practice:
- Following a thorough assessment, issues outside the context of sexual assault/domestic violence (e.g., couples counselling, addiction treatment) will be referred to the appropriate service in the community.
- Referrals will be discussed with the client and release of information consent forms will be signed where appropriate.
- Counsellors will maintain a thorough knowledge of various services available in the community and form positive working relationships with these agencies.

Standard 5: Ongoing trauma counselling will follow a theoretically sound, clinically accepted and evidence-informed approach.6

Indicators & Practice:
- Counselling will be designed to create safety for the client. This may include providing clients and/or significant others (e.g., parents of children) with crisis intervention, psycho-education and support.
- The modality of trauma treatment (e.g., EMDR, energy psychology, trauma-focused CBT, etc.) will be decided by the counsellor in collaboration with the client based on the individual needs and preferences of the client, clinical judgment and available evidence-based interventions.
- Support groups and therapy groups may be offered to clients by counsellors at a SA/DVTC. These groups may be co-facilitated by staff at local community agencies. Group practice will adhere to the same standards of individual practice.

Standard 6: Documentation will be completed in an appropriate and timely manner according to professional College and institutional guidelines.17

Indicators & Practice:
- All pertinent information collected during the assessment will be documented with the use of a structured assessment form such as the example found in Appendix F.
- Assessment, treatment formulation and recommendations, if indicated, will be documented in the counselling record.
- Counsellors will maintain ongoing progress notes documenting the main issues addressed in each counselling session. Progress will be reviewed on a regular basis in relation to the treatment goals established and new goals will be developed as necessary.
- Any referrals made to community agencies will be documented.
- Clients will be informed of the possibility of their counselling records being subpoenaed if they are involved in court proceedings.
• Steps will be taken to protect the highly sensitive and confidential information contained in clients’ counselling records.
• Counselling records will be maintained according to professional College and institutional guidelines.

**Standard 7: Counsellors will maintain a commitment to professional development and a high standard of care.**

Indicators & Practice:
• Counsellors will review the trauma and violence literature on a regular basis to ensure a relevant and current knowledge base and use of recognized clinical best-practices.
• Counsellors will participate in ongoing training, peer review and other professional development activities.
V. Education and Outreach

Standard 1: SA/DVTC programs work in partnership with community agencies.

Indicators & Practice:
- The SA/DVTC has local service agreements among relevant stakeholders to ensure that client referrals are appropriate and timely.
- The SA/DVTC staff participate on local community advisory committees relating to sexual assault and domestic violence.

Standard 2: The SA/DVTC program staff provide education to other health care providers, community partners and general public in order to increase awareness of violence and health issues.\(^2\),\(^20\)

Indicators & Practice:
- The SA/DVTC program staff will participate in community outreach/education events annually.
- The SA/DVTC program will be a resource and educator of hospital staff on violence as a health issue and will provide educational sessions on a regular basis as required.
References


24. Ontario Health Care Consent Act

25. Mental Health Act.

For information about these Standards of Care or the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres please visit our website www.sadvtreatmentcentres.net or contact the Provincial Coordinator at 416-323-6400 ext 4472
Appendix A

Nursing Documentation Form for Sexual Assault Clients (age 12 and up)
Nursing Documentation Form for Sexual Assault Clients (age 12 and up)

Date: __________________________ Location of assessment: ______________________________

Administrative Information

Client Referred by: □ Self       □ Family/Friend       □ Police       □ Agency__________    □  Other ______________
Accompanied by: □ Alone      □ Family/Friend        □ Agency________________       □ Other__________________
□ Police   Police Service______________    Officer’s Name___________________    Badge Number____________
    Officer’s Name___________________    Badge Number____________
Occurrence Number ______________
Time Client Arrived SA/DVTC ______________

Lead SANE/RN ______________________________________   Trainee: _________________________________

Physician consultation or referred: (reason for consultation, outcome of discussion)

Physician/Other Name: ____________________________

Outcome: _____________________________________________________________________________________
_____________________________________________________________________________________________

Child Protection: □ N/A    □ Yes    Worker Name :__________________ Agency Name/Number_______________

Interpreter/Support Person?: □ N/A      □ Yes    Name: __________________________ Language ______________
    Agency Name ____________________________ Number _____________________

Relevant Health History

Allergies: ________________________________________________________________

Immunizations:   Hepatitis B Vaccine: □ No          □ Complete          □ Incomplete   □ Unsure
                      □ Unsure
    Tetanus □ No        □ Yes          □ Unsure    Last Immunization __________________

Medications:______________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Health Conditions: □ Liver Disease □ Epilepsy □ Diabetes □ Kidney Disease
□ Other/Explain:____________________________________________________________ □ Disability:__________________________
Relevant hospitalization: ____________________________________________

Surgery: □ Hysterectomy □ Tubal Ligation □ Other: ____________________________

Menstrual History: LMP: __________ Cycle: □ Regular □ Irregular Cycle Length: ____________

Pregnant? □ No □ Yes # Weeks _______________ First Response Test: □ Positive □ Negative

Breast Feeding □ No □ Yes

Sexually Active? □ No □ Yes Date of last unprotected vaginal intercourse __________________________

Method of Contraception: ____________________________

Sexual Assault History

Date and time of assault __________________________ Location: __________________________

Assailant(s) □ Male # ____ □ Female # ____ □ Don’t know

Known to Client? □ No □ Yes Length of Association: __________ Relationship: ______________________

Physical Contact with: □ Weapon Describe: ______________ □ Object Describe: ________________

Did Assailant: □ Hit □ Kick □ Grab □ Hold □ Burn □ Strangle

Strangulation Check List Completed □ No □ Yes

Verbal Threats □ No □ Yes □ Quotes ________________________________________________

Suspected Drug Facilitated: □ No □ Yes If yes, please complete DFSA checklist

Describe any physical or mental impairment experienced prior to, during, or after the assault. When were these symptoms experienced? __________________________

Suspected assault was recorded i.e. using a webcam, cellphone, camera, etc: □ No □ Yes

If yes describe ___________________________________________________________________

Time SAEK opened: ___________ Kit # _____________ Time SAEK closed: ___________________
Sexual Assault History (To be completed if no forensic kit done)

Did assailant kiss/lick/bite etc? Location: ___________________________________________________________

During the assault was there penile penetration of the victim’s:

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<th>Attempted</th>
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<th>Completed</th>
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<tbody>
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<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
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Condom Used ☐   ☐   ☐

Penetration by: ☐ Finger ☐ Foreign Object (describe) __________________________

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Care Options

Sexual Assault Evidence Kit (SAEK) offered ☐ Accepted ☐ Declined ☐ Collected & Frozen ☐ Released to Police

Diagnostic Testing offered ☐ Accepted ☐ Declined ☐ N/A

Medication offered ☐ Accepted ☐ Declined ☐ N/A

Injury Documentation ☐ Narrative ☐ Body Maps ☐ N/A

Photographs of Injuries offered ☐ Accepted ☐ Declined ☐ N/A

Third Party Report offered ☐ Yes ☐ No ☐ N/A

Diagnostic Tests

☐ Pregnancy: ☐ Urine HCG ☐ Blood HCG

☐ Gonorrhea ☐ Cervix ☐ Urethral ☐ Rectal ☐ Throat

☐ Chlamydia ☐ Cervix ☐ Urethral ☐ Rectal ☐ Urine ☐ Throat

☐ Trichomonas ☐ Vaginal

☐ Hepatitis B ☐ HbsAg ☐ AbsAb

☐ Syphilis ☐ VDRL

☐ Toxicology ☐ Blood ☐ Urine
### Medications

- **Emergency Contraception:**
  - □ Plan B (Levonorgestrel) 0.75mg 2 tab po STAT
  - □ Cefixime (Suprax) 800 mg po, single dose □ at visit □ take home
  - □ Ciprofloxacin 500 mg po, single dose □ at visit □ take home
  - or □ Azithromycin 2g □ at visit □ take home

- **Gonorrhea**
  - □ Cefixime (Suprax) 800 mg po, single dose □ at visit □ take home
  - □ Ciprofloxacin 500 mg po, single dose □ at visit □ take home
  - or □ Azithromycin 2g □ at visit □ take home

- **Chlamydia**
  - □ Azithromycin 1 g (4 x 250 mg tabs) po, single dose □

- **Doxycycline**
  - □ 100mg bid po x 7 days □ at visit □ take home
  - □ Erythromycin 500 mg po x 7 days

- **Hepatitis B**
  - □ Hepatitis B Immune Globulin (HBIG) 0.06ml/kg ____ml □ single dose IM ____ gluteus
  - □ Engerix B (20mcg/ml) 1 ml IM ____ deltoid or
  - □ Recombivax HB (10mcg/ml) ____ml IM deltoid (1.0 ml if ≥19 yrs old; 0.5 ml ≤18 yrs old)

- **Tetanus**
  - □ Tetanus toxoid .05 ml IM deltoid

- **HIV PEP**
  - □ No □ Yes *If yes please complete HIV PEP Initial Visit: Nursing Documentation Form*

- **Other**
  - ____________________________

### Follow Up

- **SA/DVTC follow up clinic** - Date: ____________________________

- **Counselling Offered**
  - □ Accepted □ Declined □ Call to book an appointment

  - Counsellor Name_________________________ Date____________________

  - □ With Family MD
  
  - □ With other service

- □ Would client like a copy of results sent to Family physician? □ Yes □ No
□ MD Name: __________________________  Number: ____________________ (obtain signed release of information)

□ Other __________________________________________________

Does client want follow up phone call? □ Yes □ No  Safe Contact  
No.:____________________________________

Can we leave a message? □ Yes □ No □ Use Code: __________________________

Client label  
Discharge Time _______  Discharged To: □ Home  □ Shelter  □ Other ________________________

Transportation  □ Taxi  □ Police  □ Friend/Family  
Accompanied  □ Alone □ Police □ Friend/Family  □ Agency Worker  □ Other _______________  
Returned to: □ Emergency Department  □ Other ________________________  Time __________

Discharge Plan  

□ Provided After Care Information  

□ Common reactions following a sexual assault and coping strategies  

□ Strangulation Care Instructions  

□ 24 Hour Crisis Line Support  

□ Safety Plan  

□ Community Services  

□ Police and Legal System  

□ Other: __________________________
Appendix B

Domestic Violence Documentation Form
DOMESTIC VIOLENCE DOCUMENTATION

CONSENT FORM TO OBTAIN EVIDENCE

To: ___________________________ And to: ___________________________
   (Name of Domestic Violence Nurse)                              (Name of Hospital)
I, ___________________________________________________________________, authorize you to:
   _____________________________________________
   (Choice: Complete Domestic Violence documentation)
   _____________________________________________
   (Choice: Collect articles of my clothing and/or physical samples for potential use as evidence)
   _____________________________________________
   (Choice: Photograph my injuries for potential use as evidence)

I understand that I may consent to some, all or none of the above. Should I decline to consent to any of the above, I
will not be denied medical treatment. I may withdraw my consent to any of the above at any time during the
examination. I also understand that a child protection agency may be notified if there are children under the age of 16
witnessing violence in the home.

Hospitals are also required to release records when subpoenaed through a court order including warrants, in
accordance with relevant privacy legislation.

_________________________________________________________________________  _____________________________________________________________________________  _____________________________________________________________________________
Patient Name (please print)                               (Signature of Patient)                              (Date/Time)

_________________________________________________________________________  _____________________________________________________________________________
Witness Name (please print)                               (Signature ofWitness)                              (Date/Time)

_________________________________________________________________________  _____________________________________________________________________________
Interpreter Name (please print)                           (Signature of Interpreter)                          (Date/Time)

CONSENT FORM TO RELEASE EVIDENCE

I, ___________________________________________________________________, authorize you to:
   _____________________________________________
   (Choice: Inform ___________________________ police that I have made a complaint of assault)
   _____________________________________________
   (Name of Police Services)
   _____________________________________________
   Release to the police the forensic report of the SA/DV Nurse, with the exception of
   _____________________________________________
   the safety and discharge planning
   _____________________________________________
   Release any clothing, physical samples, or photographs the SA/DV Nurse
   has collected

_________________________________________________________________________  _____________________________________________________________________________
(Signature of Patient)                                      (Date/Time)

_________________________________________________________________________  _____________________________________________________________________________
(Signature of Witness)                                     (Date/Time)

_________________________________________________________________________  _____________________________________________________________________________
(Signature of Interpreter)                                 (Date/Time)

DATE: ____________________________________________________ Signature/Designation ________________________________

Page ___ of ___

September 2014
1. ADMINISTRATIVE INFORMATION

<table>
<thead>
<tr>
<th>NAME:</th>
<th>D.O.B.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX:</td>
<td>Female</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
</tbody>
</table>

Do you have children under the age of 16?  
- [ ] No  
- [ ] Yes  

| Name: | Age: | Name: | Age: | Name: | Age: |

Client referred by:  
- [ ] Family  
- [ ] Shelter  
- [ ] VWAP  
- [ ] Police  
- [ ] Victim Services

Accompanied by:  
- [ ] Alone  
- [ ] Agency  
- [ ] Family/Friend  
- [ ] Other  
- [ ] Partner

<table>
<thead>
<tr>
<th>Time Nurse Called:</th>
<th>Arrived:</th>
<th>Left:</th>
</tr>
</thead>
</table>

Nurse’s Name:  

Physician’s Name:  

Time Seen:  

Police Officer’s Name:  

Service:  

Division:  

Badge #:  

Occurrence #:  

Event #:  

CAS worker name:  

[ ] N/A  

Agency:  

Date/Time Notified:  

Interpreter:  

[ ] Yes  

[ ] N/A  

Arrived:  

Left:  

Interpreter Name:  

Interpreter Agency:  

Support person called?  

[ ] No  

[ ] Yes  

Support Agency:  

2. CURRENT ASSAULT HISTORY

Date and Time of Assault:  

| Location:  
|-------------------|
| Patient’s home  
| Friend’s home  
| Outside  
| Relative’s home  
| Vehicle  
| Assailant’s home  
| Other  |

Address:  

(if known)

| Weapon used:  
|-----------------|
| None  
| Gun  
| Knife  
| Unknown  
| Weapon indicated but not seen  
| Other  |

| Relationship to Victim:  
|------------------------|
| Spouse  
| Common Law Partner  
| Ex-Spouse  
| Ex-Common Law Partner  
| Girlfriend  
| Boyfriend  

Assailant Information:  

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Name:</th>
</tr>
</thead>
</table>

Date of birth:  

Age:  

Use of drugs/alcohol:  

[ ] Yes  

[ ] No  

[ ] Don’t know

Nature of present assault:  

| Pushing  
| Punching  
| Slapping  
| Kicking  
| Biting  
| Cutting  
| Burning  
| Hair pulling  
| Strangulation (Complete addendum)  
| Objects thrown  
| Sexual Assault (Offer SAEK)  
| Restraining (method)  
| Other:  |

2. CURRENT ASSAULT HISTORY (cont’d)
## Loss of Consciousness:

- **Yes**
- **No**

**Describe:**

---

## Alcohol/Drugs Consumed by Patient:

- **Yes**
- **No**

**What/How much:**

---

## Suspected drugging

(Use DFSA addendum)

- **Yes**
- **No**

**Describe any physical or mental impairment experienced prior to, during, or after the assault. When were these symptoms experienced?**

---

## Did ________________ threaten to kill you?

- **Yes**
- **No**

---

## Did ________________ threaten bodily harm to family/friends?

- **Yes**
- **No**

---

## Did ________________ threaten to use a weapon?

- **Yes**
- **No**

---

## Did ________________ use a weapon?

- **Yes**
- **No**

**Weapon type:**

---

## Are there any firearms in the home?

- **Yes**
- **No**
- **Don’t know**

---

## Does ________________ have access to any firearms?

- **Yes**
- **No**
- **Don’t know**

---

## Does ________________ presently reside in the home?

- **Yes**
- **No**

---

## Has there been a recent separation or change in your relationship?

- **Yes**
- **No**

---

## Has there been a recent change in ________________ employment?

- **Yes**
- **No**

---

## 3. PREVIOUS DOMESTIC VIOLENCE

**Has ________________ ever:**

- **Attempted or threatened to commit suicide?**
  - **Yes**
  - **No**
  - **Attempted**

- **Controlled or tried to control your daily activities?**
  - **Yes**
  - **No**
  - **Attempted**

- **Isolated or tried to isolate you from friends/family?**
  - **Yes**
  - **No**
  - **Attempted**

- **Stalked you?**
  - **Yes**
  - **No**

- **Made threats to family, friends or police?**
  - **Yes**
  - **No**

**In this relationship have you experienced:**

- **Yes**
- **No**

- **Emotional Abuse**
  - **Yes**
  - **No**

- **Financial Abuse**
  - **Yes**
  - **No**

- **Spiritual**
  - **Yes**
  - **No**

- **Sexual Abuse**
  - **Yes**
  - **No**

**Have you been assaulted at other times by ________________?**

- **Yes**
- **No**

**If Yes, when was the last time?**

---

**Were these prior assaults reported to police?**

- **Yes**
- **No**

**If Yes, Which Police Service?**

---

**How long has the relationship been violent?**

---

**Has the violence become more frequent?**

- **Yes**
- **No**

**Has the violence become more intense?**

- **Yes**
- **No**

**Has violence been committed against pets or property?**

- **Yes**
- **No**

**Have you had any injuries from previous assaults by ________________?**

- **Yes**
- **No**

**Have you ever received medical treatment for injuries because you were assaulted by ________________?**

- **Yes**
- **No**

---

**DATE:**

---

**Signature/Designation:**

---

Page ___ of ___

September 2014
Has ______________ been charged with any prior criminal behaviour?
If Yes: What:______________________ When:______________________  □ Yes  □ No  □ Don’t know

3. PREVIOUS DOMESTIC VIOLENCE (cont’d)

| Has the ______________ disobeyed any court order? | □ Yes  □ No  □ Don’t know |
| If Yes: How_________________________ When:_________________________ |

| Are you afraid of ___________’s friends/family/associates? | □ Yes  □ No |
| If Yes: Who______________________ Why:____________________________ |

| Do you believe that __________ is capable of severely injuring or killing you (your children)? | □ Yes  □ No  □ Don’t know |

| To the best of your knowledge has __________ been abusive in any past relationships? | □ Yes  □ No  □ Don’t know |

4. OPTIONS

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>DISCUSSED</th>
<th>CHOSEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury Documentation (written only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written and Photo documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forensic evidence collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prophylactic medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community referrals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONSULTATION/REFERRAL REQUIRED

Name and Designation_________________________ Reason for consultation/referral_________________________

Outcome_________________________________________________________________________________________
5. PHYSICAL EVIDENCE COLLECTION:

PHOTOGRAPHS TAKEN

<table>
<thead>
<tr>
<th>Have police taken photographs of injuries?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If SA/DV Nurse is taking photographs, complete the following information:</td>
<td></td>
</tr>
<tr>
<td>Digital Camera</td>
<td>Other</td>
</tr>
<tr>
<td>Time Photographs Taken</td>
<td>Location (room)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Image Description</th>
<th>Body Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

(If a Polaroid camera was used, indicate on each Polaroid picture, the name of the patient, date, time, signature of photographer and sequence of each picture.)

Items Collected

1.  
2.  
3.  
4.  

Injury Diagrams Used (Circle diagrams used)

- Body – Front
- Body – Back
- Body Profile – Left
- Body Profile – Right
- Body Front – Male
- Body Back – Male
- Head – Front/Back
- Head Profile – Right/Left
- Neck – Top of Head – Shoulders
- Hands – Right/Left
- Feet – Bottom
- Foot – Right
- Female Genitalia
- Male Genitalia
- Teeth/mouth

RELEASE OF ABOVE EVIDENCE AND DOCUMENTATION

Release to:
Name of Police Officer: __________________________ Signature: __________________________ Police
Service: ___________ Division: ___________ Print

By:
Name of SA/DV Nurse: __________________________ Signature: __________________________

DATE: ____________________________________ Signature/Designation __________________________

Page ___ of ___

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INJURY DIAGRAMS:
Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Body Front - Female

☐ No injuries observed

Body Back - Female

☐ No injuries observed
INJURY DIAGRAMS:

Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Body Profile Left - Female

Body Profile Right - Female

☐ No injuries observed  ☐ No injuries observed
INJURY DIAGRAMS:
Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Body Front – Male

☐ No injuries observed

Body Back - Male

☐ No injuries observed
INJURY DIAGRAMS:

Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Head – Front/Back

☐ No injuries observed

Head Profile -Right

☐ No injuries observed
INJURY DIAGRAMS:

Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Neck – Top of Head – Shoulders

Right

No injuries observed

Left

Right

Left
INJURY DIAGRAMS:
Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Hands
Left
Right

Feet – Bottom

☐ No injuries observed

☐ No injuries observed
INJURY DIAGRAMS:
Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Foot – Left

Foot – Right

☐ No injuries observed

☐ No injuries observed
**INJURY DIAGRAMS**
Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

**Female Genitalia**

![Female Genitalia Diagram]

### GENITAL EXAM (include all signs of trauma)

<table>
<thead>
<tr>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepuce / Clitoris</td>
</tr>
<tr>
<td>Periurethral</td>
</tr>
<tr>
<td>Labia Majora</td>
</tr>
<tr>
<td>Labia Minora</td>
</tr>
<tr>
<td>Hymen</td>
</tr>
<tr>
<td>Vagina</td>
</tr>
<tr>
<td>Cervix</td>
</tr>
<tr>
<td>Fossa Navicularis</td>
</tr>
<tr>
<td>Posterior Fourchette</td>
</tr>
<tr>
<td>Perineum</td>
</tr>
<tr>
<td>Anus / Rectum</td>
</tr>
</tbody>
</table>

Please check if utilized:  
- [ ] Polilight  
- [ ] Colposcopy  
- [ ] No injuries observed

**DATE: ___________________ Signature/Designation ___________________**

Page ___ of ___
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INJURY DIAGRAMS

Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Male Genitalia

GENITAL EXAM (include all signs of trauma)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td></td>
</tr>
<tr>
<td>Scrotum</td>
<td></td>
</tr>
<tr>
<td>Anus / Rectum</td>
<td></td>
</tr>
</tbody>
</table>

☐ No injuries observed
INJURY DIAGRAMS

Mark all areas of tenderness and injuries on diagrams, indicating type of injury, size, shape and colour.

Teeth Identification System

☐ No injuries observed

DATE: ______________________ Signature/Designation _________________________________
SAFETY PLANNING

1. Safety planning for patient, and children if any

2. Procedures to follow in case of an emergency (e.g. calling 911)

3. Safe place to go in case of an emergency

4. Items required in case of an emergency (clothing, keys, documents)

5. Informal social support network (family, friends, co-workers)

6. Formal support network (police, shelters, counsellors)

7. Dealing with stalking and threats

8. Suicidal ideation

9. Physical and emotional self-care

10. Safety plan for pets, if any and of concern

11. Other (please specify): __________________________________________________________

REFERRAL

Information provided to the patient on available services:

Shelter _____________________ Other _____________________
Legal assistance_____________________

ADDITIONAL NOTES

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**DISCHARGE PLAN**

<table>
<thead>
<tr>
<th>Medical Follow-up:</th>
<th>Prophylactic medications given: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Family Physician: ______________________________</td>
<td>Diagnostic tests done: ___________________________________</td>
</tr>
<tr>
<td>☐ Other: __________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Follow-up by the SA/DVCC:** Client wishes Follow-up services ☐ Yes ☐ No

**Telephone Follow-up:**
Client prefers to call:
☐ Yes ☐ No ☐ Business card given
Phone number: ____________________________

SA/DV Nurse to call ☐ Yes ☐ No
State code name if required: ____________________________
Preferred time/date: ____________________________

**In Person Follow-up** appointment: ____________________________

**Counselling Services:**
☐ Explained ☐ Declined Referral form completed: ☐ Yes ☐ No

**Written Information / Education:**
☐ Strangulation aftercare ☐ Sexual assault information ☐ Head injury aftercare
☐ Community resources, 24-hour support lines ☐ Other: ____________________________

**Discharge:**
Discharged at: ____________________________ by: ____________________________ to: ____________________________
(time) (nurse) (place)

Accompanied by: ☐ family/friend ☐ self ☐ police ☐ agency worker ☐ other ____________________________

Transportation: ☐ own ☐ family/friend ☐ police ☐ taxi ☐ other ____________________________

**ADDITIONAL NOTES**

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

DATE: ____________________________ Signature/Designation ____________________________

Page ___ of ___

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Appendix C

Pediatric Sexual Assault Documentation Form
## CANADIAN PEDIATRIC SEXUAL ABUSE/ ASSAULT TRAINING COURSE
### PEDIATRIC CLIENT ASSESSMENT

<table>
<thead>
<tr>
<th>Date of Exam:</th>
<th>Case Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine by:</td>
<td>Preceptor:</td>
</tr>
<tr>
<td>Child Accompanied by:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>History Taken from:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

### Brief History/ Chief concerns
(include the following: type of assault, reported complaints, assailant information, symptoms and safety issues)

### Date and Time of incident ( last contact) | Date and time of disclosure

### Health Status

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Unk</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present health concerns</td>
<td>Describe:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past illnesses / hospitalizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental/ physical needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Immunizations</td>
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</tbody>
</table>

### Nutrition

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<tr>
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<th>Comments</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in eating habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Elimination

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Unk</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Incontinent of stool</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Incontinent of urine</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Social</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>Unk</td>
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<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Recent change</td>
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</tr>
<tr>
<td>in social behaviors</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**PEDIATRIC CLIENT ASSESSMENT**

<table>
<thead>
<tr>
<th>Head to Toe</th>
<th>Wnl</th>
<th>Abn</th>
<th>N.E</th>
<th>Comments</th>
</tr>
</thead>
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See body map diagrams  
☐Please choose most appropriate diagram

**GENITAL EXAM POSITIONING AND ASSESSMENT TOOLS**

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<tr>
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<td>Knee chest</td>
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### PEDIATRIC FEMALE GENITAL ASSESSMENT

**KEY:** TEARS: Tears, Ecchymosis, Abrasions, Redness, Swelling

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**TANNER Stages**

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<th>2</th>
<th>3</th>
<th>4</th>
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**PEDIATRIC MALE GENITAL ASSESSMENT**

KEY: TEARS: Tears, Ecchymosis, Abrasions, Redness, Swelling

Circumcised [ ] Uncircumcised [ ]

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**PEDIATRIC ANAL EXAMINATION**

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**IMPRESSION STATEMENT**
## PEDIATRIC TREATMENT

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2007; Revised version of the Pediatric Documentation from the Sexual Assault/ Domestic Violence Treatment Program, Hôpital régional de Sudbury Regional Hospital.
FEMALE INFANT BODY DIAGRAMS

Indicate all signs of physical trauma e.g: bruises, scratches, marks, discolorations or bite marks documenting size, colour and shape of trauma.
MALE INFANT BODY DIAGRAMS

Indicate all signs of physical trauma e.g: bruises, scratches, marks, discolorations or bite marks documenting size, colour and shape of trauma.
FEMALE CHILD BODY DIAGRAMS

Indicate all signs of physical trauma e.g: bruises, scratches, marks, discolorations or bite marks documenting size, colour and shape of trauma.
MALE CHILD BODY DIAGRAMS

Indicate all signs of physical trauma e.g: bruises, scratches, marks, discolorations or bite marks documenting size, colour and shape of trauma.
Indicate all signs of physical trauma e.g: bruises, scratches, marks, discolorations or bite marks documenting size, colour and shape of trauma.
ADOLESCENT MALE BODY DIAGRAMS

Indicate all signs of physical trauma e.g: bruises, scratches, marks, discolorations or bite marks documenting size, colour and shape of trauma.
Appendix D

Strangulation Assessment Form
**Strangulation Form**

**Method and Manner of Strangulation**

- One hand □ → Right hand □ or Left hand □
- Two hands □ Knee □ Foot □ Ligature □ (describe)__________________________
- Forearm □ → Right forearm or Left forearm
- Approached from front □ behind □
- Smothered □ __________________________________________________________

From 1-10 how hard was the assailant's grip? (low) 1 2 3 4 5 6 7 8 9 10 (high)

- Length of time of strangulation: __________________________________________
- Number of times patient strangled during incident: _________________________
- Number of different methods used for strangulation during incident: __________
- Was the patient shaken during strangulation  No □ Yes □
- Was the patient lifted off the ground  No □ Yes □
- Was the patient's head pounded against a hard surface?  No □ Yes □ __________

What did the suspect say during strangulation? ________________________________

What stopped the strangulation? ____________________________________________

Previous history of strangulation by suspect? _________________________________

**Patient History for this incident of strangulation (check all that apply and describe)**

- LOC _________________________________________________________________
- Involuntary urination/defecation during event ______________________________
- Difficulty/pain with swallowing __________________________________________
- Loss of memory _________________________________________________________
- Loss of voice or voice changes __________________________________________
- Coughing ______________________________________________________________
- Drooling __________________________________________________________________
- Persistent throat pain ____________________________________________________
- Breathing Difficulties __________________________________________________
- Headache ______________________________________________________________
- Weakness __________________________________________________________________
- Nausea or Vomiting ______________________________________________________

_______          _______          _________  
RN/MD Name (print) Signature Date/Time
Physical Exam (check all that apply)

- PERRL
- Subconjunctival Hemorrhage
- Swelling/Edema
- Pain
- Dyspnea
- Hyperventilation
- Dysphagia
- Drooling
- Coughing
- Trembling
- Voice (raspy, hoarse, unable to speak)
- Combativeness/irritability/restlessness
- Injury (see diagram)

RN/MD Name (print) __________________________ Signature __________________________ Date/Time __________________________
Strangulation Take Home Information

Strangulation can lead to complications over the next 36 hours, particularly if you lost consciousness during the assault.
You may have some minor symptoms of strangulation as a result. If these symptoms persist or get worse – return to the emergency department
If you experience any of the following return to the emergency department immediately

- Difficulty breathing
- Difficulty swallowing
- Nausea or vomiting
- Vision changes
- Worsening Headache
- Eyelid or Facial droop
- Left or Right sided weakness
Appendix E

Suspected Drug Facilitated Sexual Assault (DFSA) Documentation Form
Suspected Drug Facilitated Sexual Assault Documentation Form

1. **Why does the client suspect drugging?**
   - Amnesia
   - Conscious paralysis
   - Slurred speech
   - Drowsiness
   - Confusion
   - Delirium/Hallucinated
   - Disinhibition
   - Dizziness
   - Hangover inconsistent with alcohol/drugs consumed
   - Nausea / Vomiting
   - Impaired judgment
   - Impaired motor skills
   - Impaired vision
   - Loss of consciousness – How long? ____________________________
   - Other: ______________________________________________________

2. **Why does the client suspect sexual assault?**
   - Reported by witness to have been seen in compromised circumstances
   - Feeling that sexual acts occurred
   - Clothing altered
   - Body injuries
   - Genital injuries
   - Body fluids/foreign material
   - Other: _______________________________________________________

3. Suspected involuntary drug ingestion Date/Time: __________________________

4. Within the last 72 hours did the client voluntarily consume alcohol?  
   - Yes
   - No
   a. Date / Time: ________________________________________________
   b. Type / Amount: ______________________________________________

5. Within the last 72 hours did the client voluntarily consume any street drugs or has marijuana been used within the last 7 days?  
   - Yes
   - No
   a. Date / Time: ________________________________________________
   b. Type / Amount: ______________________________________________

6. Within the last 72 hours did the client consume prescription/over-the-counter medication or herbal remedies?  
   - Yes
   - No
   a. Date / Time: ________________________________________________
   b. Type / Amount: ______________________________________________

7. **Diagnostic Testing**
   - (a) **Toxicology Screen for Hospital for Sick Children**
     - Urine (<72hr) Date/Time sent___________________________  
     - Not Sent
   - (b) **Biological testing to Maxxam Lab**
     - Oral swab (<24hr) Date/Time sent___________________________  
     - Not Done
     - Vaginal Swab (<7 days) Date/Time sent_______________________  
     - Not Done
     - Anal Swab (<72 hr) Date/Time sent___________________________  
     - Not Done

07/14/2011
Appendix E

Counselling Assessment Form
Initial Counselling Form

Name: ____________________________
Chart #: __________________________
D.O.B. ____________________________

Referral Source
SA/DVCC – Emergency: □
Community: □
Other (please specify): □ ____________________________

Presenting Issues:
(client’s description of why she/he is seeking counselling, key concerns and circumstances of violence)

Presenting Impacts of Violence:

1. Physical Impacts: (may include physical injuries, sleep disturbance, appetite changes, other)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
2. **Emotional Impacts**: (may include numbness/disbelief, sadness, fear, anger, anxiety, other)

3. **Related Impacts of Violence / Trauma**: (may include difficulty concentrating, recurring thoughts, flashbacks, nightmares, other)

4. **Fear and Safety Concerns**: (may include on-going threat, living situation, shelters, other)

5. **Environmental Context**: (may include living situation, social supports, employment and education, relevant family history, children, criminal justice system, other)

6. **Client Strengths, Coping and Current Resources**:

7. **Support Plan/Client Goals**: