Sexual Assault Protocol

A guide to providing medical forensic exams

ABSTRACT

This document is intended to provide guidance and recommendations of practice for medical care and Sexual Assault Response Teams who provide care to patients who report sexual assault. This document was written through the support and collaboration of the Iowa Attorney General's Crime Victims Assistance Division and 5.1.5 FoReNsics LLC.

STATEMENT REGARDING GRANT SUPPORT

This project was supported by Grant No. 2015-AK-BX-K018 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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PREFACE

This protocol updates "Sexual Assault: A Protocol for Forensic and Medical Examination" last published in 2013. It outlines the recommended procedure to be followed by emergency departments, physicians, and sexual assault nurse examiners in Iowa when conducting a forensic examination following a reported sexual assault of anyone age 12 or over.

The steering committee for this project included the following:

5.1.5 FoReNsics LLC

Michelle Collette MSN, RNC-OB, CEN, SANE-A, SANE-P

Shannon Knudsen BSN, RN, SANE-A, SANE-P

Iowa Attorney General's Office, Crime Victim's Assistance Division

A NOTE ON TECHNOLOGY

This protocol includes a variety of links to other sources. This .PDF is best viewed using the Adobe Acrobat or Adobe Reader family of programs. Users should expect the following functionality:

- The table of contents is interactive and links to material inside the document;
- Bookmarks are accessible in the navigation pane;
- Blue-underlined text hyperlinks will take the user to websites or, where indicated, to downloadable sample forms and policies.

This Protocol can also be printed, in black and white or color.

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- **William Hill**, Assistant Iowa Attorney General;
- **Sara Hulen** BA, Victim Liaison, Polk County Attorney's Office, Certified Sexual Abuse Counselor;
- **Julie Rae Humes**, BSN, RN, Sexual Assault Nurse Examiner;
- **Christopher Ingraham**, BSN, RN, EMT, Sr. VP & Chief Nursing Officer, Lakes Regional Healthcare an Avera Partner;
- **Hadley Mikovec**, Crime Scene/Evidence Technician, Pottawattamie County Sherriff's Office;
- **Amanda Misencik**, Criminalist – Iowa Division of Criminal Investigation;
- **Laura Roan**, Assistant Polk County Attorney;
- **Rebecca D. Shaw**, MD, FACOG; Medical Co-director, Mid-Iowa SART;
- **Pamela Terrill,** MS, RN, FNP-BC, SANE-A.

Any errors or omissions in this Protocol belong solely to the authors.

GLOSSARY

Throughout these materials, and when responding to sexual assault, you will see occasional acronyms and short-hand. Some common examples, with explanation:

- **"CAC" — Child Advocacy Center.** A regional center that provides services for children who have been the victims of crime or witnessed a crime. Services vary but generally include forensic interviews, medical examinations, therapy, and referral to other agencies.
- **"CPC" — Child Protection Center.** These provide functionally the same services as a Child Advocacy Center.
- **"CVAD" — Crime Victim Assistance Division.** The Division of the Iowa Attorney General's Office responsible for providing services to victims of crime and for administrating other victim-related programs.
- **"DHS" — (Iowa) Department of Human Services.** The State agency charged with, among other things, providing social services to children who are abused or otherwise in need of assistance.
- **"MDT" — Multidisciplinary Team.** An MDT is a comprehensive group of professionals working together in their specialized roles for one common purpose**:** to provide the best services possible.
- **"SAKI" — Sexual Assault Kit Initiative.** SAKI is an acronym for the Sexual Assault Kit Initiative. SAKI is a nationwide initiative that addresses the issue of unsubmitted sexual assault kits (SAKs). Iowa has been awarded $3 million in federal grants to address this issue in the state. To learn more, see http://iowasaki.com/.
- **"SART" — Sexual Assault Response Team**. A SART is a multidisciplinary team of professionals with advanced knowledge pertaining to sexual assault. SARTs are often structured by county or metropolitan area.
- **"SANE" — Sexual Assault Nurse Examiner.** A SANE is registered nurse, prepared at the associates level or beyond, who has completed additional education in medical forensic care of the sexual assault patient.
- **"SAFE" — Sexual Assault Forensic Examiner.** A SAFE is any other medical professional (such as a physician or physician assistant) who has completed additional education in medical forensic care of the sexual assault patient.

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INTRODUCTION

Sexual assault is a medical emergency and has serious health implications. It is important to encourage sexual assault victims to be examined for the purpose of obtaining medical treatment and to collect forensic evidence in the event the patient decides to pursue legal options. Receiving medical treatment links the victim to multiple other services and supports available to survivors of sexual assault.

This document provides information to help guide Iowa health care providers in offering a forensic medical examination to victims of sexual assault. The protocol is intended to address issues that are routinely involved in a sexual assault examination and to offer some guidance for development of sexual assault response teams. A more detailed protocol (nearly 150 pages long) is available from the United States Department of Justice's Office on Violence Against Women, available at https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf.

TRAINING

This document is intended to be a useful reference. It is not a substitute for comprehensive initial and refresher trainings for Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs).

If possible, examiners should attend approved courses. The precise list of approved courses may vary by jurisdiction due to local legal requirements, requirements of laboratory handling, facility policies, etc.

In order to become internationally certified, SANEs should follow guidelines established by the International Association of Forensic Nurses, listed on their website at https://www.forensicnurses.org/page/ExamDetails. A list of approved SANE courses can be found on the same site at https://www.forensicnurses.org/page/ApprovedSANECourse.

VICTIM–PATIENT ISSUES

As a population, survivors of sexual assault often present with different needs than victims of other crimes routinely seen by law enforcement and medical personnel. The nature of the crime is deeply personal, the consequences—physiological and psychological—can be long-lasting, and societal pressures disincentivize reporting. In serving this population, both examiners and other members of the multi-disciplinary team should be sensitive to the unique issues that inhere in working with survivors of sexual assault.

Mandatory Reporting

Certain occupations are "mandatory reporters" under Iowa law. Examiners qualify as mandatory reporters as a result of licensure and the services provided.

A full guide to Iowa's mandatory-reporter law, published by the Department of Human Services (DHS), is available online at https://dhs.iowa.gov/sites/default/files/Comm164.pdf?062720191931. DHS is the entity to which mandatory reports of child abuse or abuse of certain dependent adults must be reported. "Child" generally means anyone under the age of 18, for purposes of the mandatory-reporter law.

Although examiners should consider the facts of each situation as they apply to the law, these general guidelines inform mandatory-report duties regarding sexual abuse:

- **Mandatory:** If a child is "under the age of 12" and sexually abused by any person, a report **must** be made;
- **Mandatory:** If any child is sexually abused by the person responsible for the care of the child (sometimes called a "caretaker"), a report **must** be made;
- **Permissive:** If a child is "aged 12 or older" and sexually abused by any other person, a report **may** be made.

See Child Abuse: A Guide for Mandatory Reporters, Iowa Department of Human Services (Mar. 1, 2020), p. 20; *see also* Iowa Code § 232.69(1). Examiners are additionally required to report other forms of child abuse perpetrated against a child by a caretaker (such as non-sexual physical abuse).

When a report is mandatory, an examiner must make an oral report to DHS within 24 hours and a written report within 48 hours. DHS is required to report sexual abuse allegations to local law enforcement within 72 hours. There are civil and criminal penalties for failure to comply with mandatory-reporter obligations.

For more information and links to relevant code sections, see Appendix A.

Additional Reporting to Law Enforcement

In addition to mandatory-reporting duties described above, examiners are required to report to law enforcement if a patient has suffered a gunshot wound, knife wound, or other serious injury as defined in the Iowa Code.

PAYMENT FOR SEXUAL ASSAULT EXAMS

The Iowa Attorney General's Crime Victim Assistance Division (CVAD) pays for all sexual abuse examinations through the Sexual Assault Examination ("SAE") Program.

The Program pays the costs of the medical and evidentiary exam and other health care needs of the victim–patient, such as prophylaxis medication and follow up examination. Each service, including laboratory tests and pharmacy charges, must be itemized on the billing form. The SAE Program pays for the initial visit and unlimited follow-up visits for the purpose of testing/prevention of diseases.

A police report is not necessary for an exam to be reimbursed by the Program.

The fees for the examiner and for the agency are established by the Iowa Legislature and detailed in the Iowa Administrative Code. The rules prohibit medical providers from billing the sexual abuse victim for the cost of the exam. The patient's insurance **cannot** be billed unless the patient gives permission to bill the insurance carrier.

In some cases, victims of sexual assault may be eligible for compensation of other expenses related to the crime. For more information, see Appendix C.

SPECIAL VICTIM–PATIENT CONSIDERATIONS

CULTURAL/RELIGIOUS

Cultural and religious doctrines have profound impact on individuals and must be considered when treating sexual assault victim–patients. There may be a general distrust of medical and law enforcement personnel who play vital roles in the aftermath of a sexual assault. Law enforcement, medical, and support professionals must be sensitive to these issues and have a basic level of cultural competence regarding those who live in their communities.

INCARCERATED VICTIM–PATIENTS

As in the general population, sexual assault is unreported and underreported in the prison system. Multiple factors may inhibit or preclude the incarcerated victim–patient from reporting a sexual assault.

The Prison Rape Elimination Act of 2003 (PREA) was enacted to address problems of sexual assault in correctional agencies. Development of standards for prevention, detection, reduction, and punishment of prison rape is a major provision of the act.

PREA initiated discussions between prison officials and local care providers to establish best practices for incarcerated victims of sexual assault. In order to ensure the same standards of care for the incarcerated victim–patient, incarcerated persons reporting sexual assault may be transported to local facilities for forensic examinations. It is recommended these facilities have procedures in place for conducting and documenting sexual assault of an incarcerated person.

As of December of 2020, the agency-wide PREA Coordinator for the Iowa Department of Corrections is Robin Bagby: robin.bagby@iowa.gov or (515) 218-4462.

SUSPECT EXAMINATIONS

Examiners may occasionally be asked to perform examinations on suspects in a criminal investigation. The examiner should work with the entities in each local jurisdiction to ensure law enforcement, prosecutors, and examiners all understand the role each plays in a suspect examination. It is not objectionable for law enforcement personnel or civilian investigators to conduct suspect examinations.

The collection procedures for a suspect examination are generally identical to those for victims. However, the examiner should be aware that suspect examinations are not eligible for reimbursement through the Crime Victim Assistance Division and thus alternate payment arrangements must be made. An examiner should be comfortable performing suspect examinations if a protocol and payment arrangements are in place.

MINOR VICTIM–PATIENTS (UNDER 18)

Under Iowa law, minors (under 18 years of age) who are victims of sexual assault can receive immediate medical and mental health services without prior consent of a parent or guardian.

In addition, minors can consent to STI testing, treatment, and prevention (vaccination) without parental consent. The Iowa Code specifies definitions of sexual abuse, mandatory reporting situations and age guidelines regarding sexual assault of a minor. In Iowa, those aged 16 and older are of legal age to **give consent** to have sex. If a sexual assault victim–patient is 12 years of age or younger, it is a mandatory report to law enforcement or DHS, as summarized in Appendix A.

Forensic physical examinations and histories of children are uniquely different than adults. Children are not small adults, either physiologically or emotionally. Sexually abused children also often "delay disclosure" and thus present days, weeks, months, or years after a sexual assault.

The sexual assault protocol for patients under 18 varies by age. Individual medical facilities or SART programs may establish specific age guidelines for their jurisdiction. Age of menarche or puberty should **not** be used to differentiate between pediatric and adolescent/adult examinations.

In the absence of a specific guideline, the following general rules may be used:

- **Pediatric patients (0–12).** Generally, a patient is "pediatric" from birth through age 12. Examination of pediatric patients should be guided by the pediatric exam reference included below. Because of the special issues presented by pediatric examinations, it is preferred that medical providers with pediatric-specific training conduct examinations whenever possible.
- **Adolescent patients (13–17).** Generally, a patient is "adolescent" from age 13 to 17. Examination of adolescent patients may be performed by an adult examiner and should be guided by the adult protocol.

Pediatric examiners, health care providers, and the SART should collaborate with local CACs/CPCs for direction on STI testing and prophylaxis. Importantly, not all treatment regimens are appropriate for different age populations.

IMPORTANT: All responses to reports of child sexual abuse should begin with a call to your local advocacy program and DHS. CACs and CPCs generally do not take referrals from private citizens, which means that reports of child sexual abuse that are not presented to DHS and/or law enforcement are unlikely to result in additional investigation or prosecution.

Pediatric Exam Reference

The protocol for a SANE responding to a report of pediatric sexual assault depends on whether the case is "acute" or non-acute." Based on guidelines from the American Academy of Pediatrics and the available medical literature, "acute" means the reported sexual assault took place **within 72 hours** of the patient presenting for examination. The protocol differs as follows:

- **Acute cases.** A pediatric examiner response is warranted and, if possible, medical forensic examination should be conducted at the time the patient presents. The pediatric SANE will then refer the patient for a forensic interview and other services at the local Child Advocacy Center or Child Protection Center (abbreviated "CAC" or "CPC").

    - Note that collaboration with your local CAC/CPC, IDHS, and law enforcement is often crucial to determining whether acute pediatric response is available and where.

- **Non-acute cases.** A pediatric examiner generally will not respond for a non-acute case. The provider should refer the patient and family to the local CPC, where the child will be forensically interviewed and a medical examination may be conducted by CAC/CPC staff.
- **Unusual cases.** In limited circumstances, it may be appropriate for a pediatric examiner to respond and perform an examination even when the case is not acute. These circumstances may include when the patient reports or presents with injuries. A pediatric SANE should be consulted in these or other unusual circumstances to determine whether an acute response is appropriate.

Prompt Referral to Law Enforcement and Department of Human Services

Regardless of whether patients are medically "acute" or "non-acute," these cases are emergencies to patients and their families. **It is vital that these cases be referred to DHS and law enforcement for investigation and appropriate follow-up.** This helps patients and families feel like some of their needs are being met, even if an exam is not immediately warranted in a non-acute case.

Iowa's Child Protection Centers

Children's Advocacy/Protection Centers (CACs/CPCs) support and coordinate multidisciplinary teams that manage child abuse investigations and interviews and coordinate needed medical and mental health services. CAC/CPC staff are uniquely trained to provide service to children and their families. The exact services offered on-site vary by Center, but generally include forensic interviewing, medical examination, and counseling.

For more information, see:

- The Iowa Department of Public Health website, https://idph.iowa.gov/cpc; or
- The Iowa Chapter of Children's Advocacy Center website, http://www.iowacacs.org.

Child Advocacy Centers generally serve patients 17 and younger. Some Centers also serve certain older patients with developmental delay. Contact your local center for specifics on the patient population they are able to serve:

Allen Child Protection Center
Unity Point Allen Hospital
212 West Dale St. Suite 102
Waterloo, Iowa 50703
(319) 226-2345

Blank Children's Hospital Regional STAR Center
4055 Weston Parkway
West Des Moines, IA 50266
(515) 224-3300

Child Protection Response Center
415 E. George Washington Blvd
Davenport, IA 52803
(563) 200-1102

Mason City Satellite Center of Unity Point Health Allen Hospital
100 1st St. NW Ste. 200
Mason City, IA 50401
(319) 226-2345

MercyONE Siouxland Child Advocacy Center
MercyONE Siouxland Medical Center
701 Jackson St.
Sioux City Iowa 51105
(712) 279-2548

Mississippi Valley Child Protection Center
1600 Mulberry Lane
Muscatine, IA 52761
(563) 264-0580

St. Luke's Child Protection Center
Unity Point Health – St. Luke's Hospital
Hiawatha Children's Campus
1095 N. Center Point
Hiawatha, IA 52233
(319) 369-7908

PREGNANCY AND STI ISSUES

It is recommended that all victims of sexual assault who seek medical forensic care be offered emergency medical treatment. Counseling about pregnancy prevention and the importance of timely action is a necessary part of the emergency treatment.

MEDICATIONS TO PREVENT SEXUALLY TRANSMITTED INFECTIONS (STI)

The most recent CDC Treatment Guidelines (2021) for sexual assault and STI preventive therapy recommend:

- Postexposure hepatitis B vaccination (without HBIG) should adequately protect against HBV infection. Hepatitis B vaccination should be administered to sexual assault victim–patients at the time of the initial examination if they have not been previously vaccinated. Follow-up doses of vaccine should be administered 1–2 and 4–6 months after the first dose.

- An empiric antimicrobial regimen for chlamydia, gonorrhea, trichomonas, and bacterial vaginosis.

The CDC Treatment Guidelines (2021) also recommend the following:

Recommended Regimens

1. ☐ **Ceftriaxone** 500 mg IM in a single dose (Gonorrhea)
   OR
   ☐ **Cefixime (Suprax)** 400 mg. Single Dose PO (Gonorrhea)
2. ☐ **Azithromycin** 1gm. Single Dose PO (Chlamydia)
   OR (in case of allergy)
   ☐ **Doxycyline** 100 mg. BID x 7 days in case of allergy to Azithromycin.
   [DO NOT USE DOXYCYCLINE IF PREGNANT]
3. ☐ **Metronidazole** 2 gm. Single Dose PO (Vaginosis or Trichomoniasis)
4. ☐ For pregnancy prophylaxis:
   ☐ **Ella** 1 tab PO single dose
   OR
   ☐ **Plan B**
5. ☐ **Zofran** 4mg ODT single dose (Nausea)

***HIV nPEP standing orders as indicated:**

1. ☐ **72-hour HIV nPEP:**
   Raltegravir and Truvada combination per collaborating provider recommendations

Immunizations:

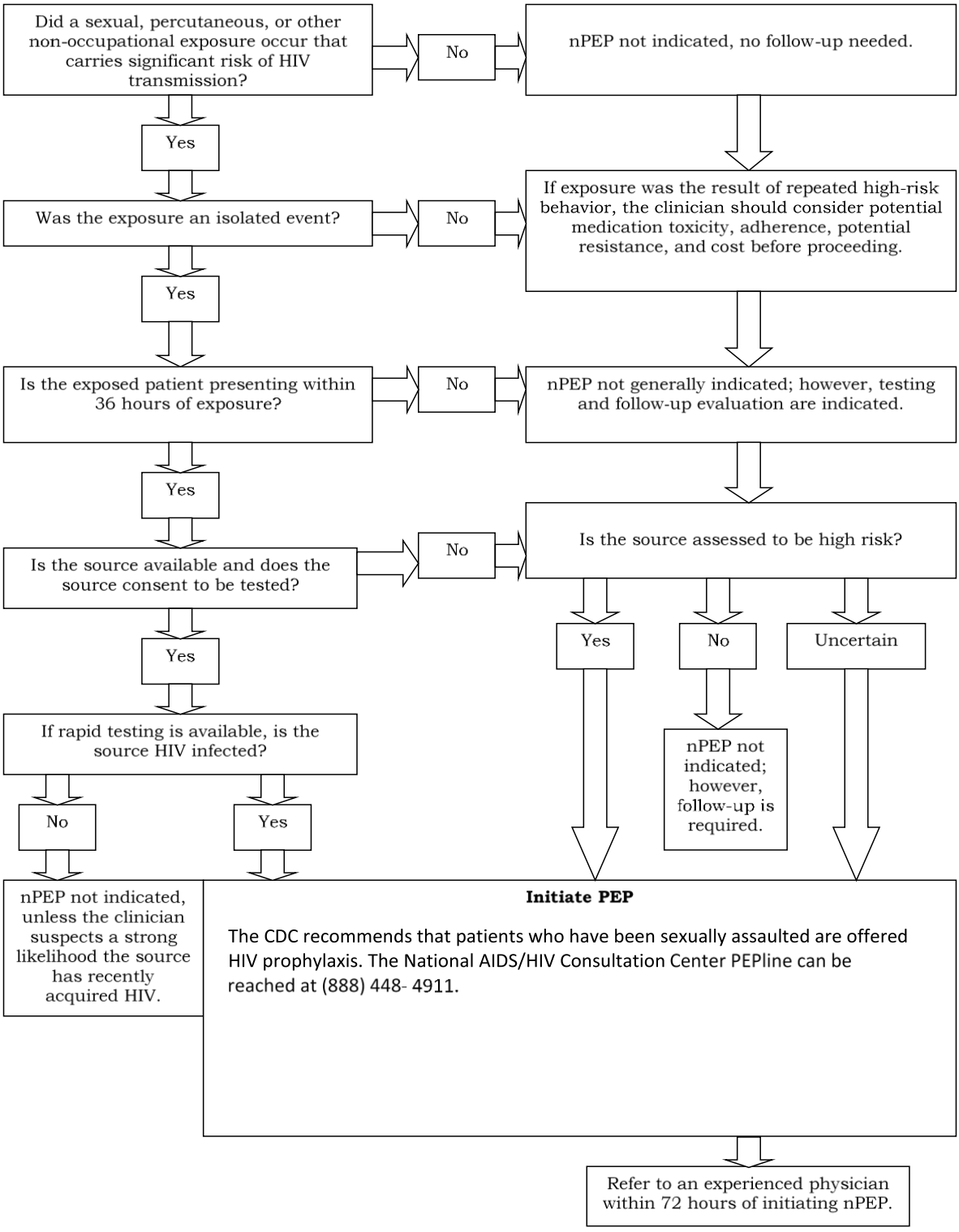
Evaluation and referral as indicated to healthcare provider for:

1. ☐ Hepatitis B
2. ☐ Tetanus
3. ☐ HPV

*If no treatment is given, patient should be referred to healthcare provider for appropriate evaluation and follow up 4–6 weeks post assault. No follow-up appointment is indicated if prophylactic medication is given and no symptoms develop in 4–6 weeks.

A summary of CDC 2015 STD Treatment Guidelines, with alternatives, is available at http://www.cdc.gov/std/tg2015/2015-pocket guide.pdf

HIV Evaluation Algorithm



Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm.

For additional assistance, call the NIH Office of AIDS Research at 1-800-448-0440.

COORDINATED RESPONSE

Coordinated response occurs when several community agencies work together for the benefit of victims. Successful sexual assault programs do not operate independently of other disciplines. Typically, the community agencies that work together to respond to sexual assault are local law enforcement, county attorney offices, victim service agencies, and emergency departments or Sexual Assault Nurse Examiner (SANE) programs. Agencies can assist one another by building a collective capacity for coordinated response and interventions. This can be accomplished by offering multidisciplinary trainings and technical assistance; sharing personnel, expertise, equipment and information; meeting face-to-face to develop relationships among disciplines; and developing policies and protocols that facilitate mutual goals in victims' services across systems.

Overcoming barriers in individual communities requires willingness on the part of agencies to individually and collectively understand the unique needs of victims in their community and to identify solutions.

For more information, go to the Office of Victims of Crime (OVC) SART tool kit, available at http://ovc.ncjrs.gov/sartkit/. For a current list of SART–SANE programs in Iowa, In addition, contact the Iowa Coalition Against Sexual Assault.

VICTIM ADVOCATES

The importance of having a victim advocate available to survivors of sexual assault cannot be over-emphasized. Advocates are critical to containing the aftermath of the trauma and to begin the healing process. Advocates can assist emergency department staff explain the purpose and value of medical and forensic evidence collection procedures, provide emotional support during the examination, counsel family members or friends of the survivor, and be present during the law enforcement interview.

Hospitals need to have a protocol that includes contacting the nearest sexual assault service center to notify them when a patient has presented to the emergency department and reports sexual assault.

When the advocate arrives, he or she should be introduced to the patient as part of the sexual assault team and be given an opportunity to explain the services available. The patient can exercise a choice to have an advocate or not.

As summarized in Appendix A, a victim advocate cannot be denied access to a victim if the victim has specifically requested the advocate to be present. The victim

advocate can legally be present throughout the victim's involvement with the medical and criminal justice systems, and is typically the only continuous community contact that the victim may encounter following an assault. Trained victim advocates provide crisis intervention, ongoing counseling, and support services.

Advocates can provide referrals for other community services, offer legal advocacy, be present during criminal justice proceedings, assist with application for crime victim compensation, and encourage follow up for medical concerns/STI testing.

As summarized in Appendix A, communications between a victim and a victim advocate acting as a counselor are privileged (confidential) and protected from disclosure. Given the complexities of the privilege and exceptions to the same, an examiner or other medical provider generally should refrain from advising victims on whether communications are guaranteed to remain confidential.

To identify sexual assault advocacy services in your community, see Appendix D, Appendix E, and Appendix F.

HEALTH CARE

An important member of the health care team includes emergency department staff. The victim–patient's medical status is the priority. The role of emergency-department staff is to assess, evaluate, and stabilize the patient, as well as identify and treat injuries prior to discharging the patient to the care of the Sexual Assault Nurse Examiner (SANE). SANEs are nurses who are specially trained to perform the evidentiary examination. They offer many advantages because time and competency are critical for preservation of forensic evidence. The availability of a SANE frees other emergency room staff that may have to interrupt an exam to attend to more critical cases. SANEs attend to survivors expediently, which decreases the wait time before survivors are allowed to bathe, void, eat, and drink. Last, SANEs have the specialized expertise and sensitivity necessary for a thorough examination and preservation of evidence.

Depending upon local administrative arrangements, SANEs may be able to travel to hospitals or facilities to examine a survivor, which is particularly important in rural areas of the state that do not have sexual assault response teams.

For more information about SANEs, see the International Association of Forensic Nurses' website, at http://www.forensicnurses.org/.

LAW ENFORCEMENT

The primary responsibilities of the responding officer are to ensure the immediate safety and security of the victim and to obtain basic information about the assault in order to apprehend the assailant. The responding officer should convey the following information to the sexual assault victim if she or he is the first professional contact the victim makes:

- **The importance of a medical and evidentiary examination.** The officer should explain the value of preserving potential physical evidence. Additionally, the importance of preserving potentially valuable evidence which may be present on clothing worn during the assault or on bedding or other materials involved at the crime scene. The officer should recommend that a change of clothes be brought to the hospital in the event clothing is collected for evidentiary purposes.
- **The name and phone number of the nearest exam facility and crisis center and the importance of the support and services they offer.** If appropriate, give information about the Sexual Assault Examination Payment Program and provide a brochure (copies of which are available from the Crime Victim Assistance Division).

PROSECUTION

The prosecutor plays a key role in the criminal justice system. She or he decides who will be charged, what charge will be filed, who will be offered a plea bargain, and the type of bargain that will be offered. The prosecutor also may recommend the offender's sentence.

Although each of these decisions is important, none is more critical than the initial decision to prosecute or not prosecute. Prosecutors have broad discretion at this stage in the process. As the United States Supreme Court has put it, "[S]o long as the prosecutor has probable cause to believe that the accused committed an offense defined by statute, the decision whether or not to prosecute, and what charge to file …, generally rests entirely in [the prosecutor's] discretion." *Bordenkircher* v. *Hayes,* 434 U.S. 357, 364 (1978).

In Iowa, the decision of whether to file a particular charge is typically made by the county attorney for the county in which the offense was committed. Sometimes, particularly in rural counties, cases will be referred to an Area Prosecutor with the Attorney General's Office. Although sexual assault cases can be presented to a grand jury in Iowa, charges are almost always filed by "trial information," which is

the process by which a prosecutor charges a crime without the involvement of a grand jury. There are no legislative or judicial guidelines about charging and a decision not to file charges is ordinarily immune from review.

In most cases, a prosecutor will not file charges if the sexual assault victim is unwilling to cooperate with law enforcement or prosecution. There are some exceptions to this general approach and such decisions are made on a case-by-case basis.

For more information about charging practices in different jurisdictions, see Spohn C & Holleran D. *Prosecuting Sexual Assault: A Comparison of Charging Decisions in Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners*. U.S. Dept. of Justice (2004), at http://www.ncjrs.gov/pdffiles1/nij/199720.pdf.

SEXUAL ASSAULT KITS

Beginning in 2020, all sexual assault kits collected in Iowa, starting in 2020, can be tracked through the statewide tracking system known as "Track-Kit." This system is administered by the Iowa Attorney General's Crime Victims Assistance Division ("CVAD").

A patient can follow their kit through the entire process. The system begins tracking individual kits at the time of kit collection and, if a patient desires for the kit to be held, continues tracking until the statute of limitations expires or as otherwise provided by law. For adult victims, the statute of limitations for most sexual assaults is 10 years. For minor victims, the statute of limitations for most sexual assaults is 15 years after the victim's eighteenth birthday.

The tracking system does not provide the results of any forensic testing. To receive that information, victims must contact the relevant law enforcement agency.

Victims may still request a kit be collected anonymously. However, kits will not be tested unless and until a victim foregoes anonymity.

Professionals with a role in kit collection, storage, and analysis gain access to the tracking system only after completing required training and role verification through CVAD. Use of the tracking system by these professionals is not optional.

The tracking system was developed as a result of federal funding provided to the State of Iowa, as part of an initiative to address previously backlogged sexual assault kits.

Kits are free to medical facilities to have on hand to use for collection needs. New kits can be ordered directly from the distributor.

Forensic Scientists

Forensic scientists, sometimes called criminalists, analyze collected evidence and provide results to the investigators and/or prosecutors. In Iowa, the Division of Criminal Investigation (DCI) of the Iowa Department of Public Safety processes sexual assault examination kits that are submitted by law enforcement. Kits that are collected by health care facilities or SANEs are turned over to law enforcement who are responsible to properly log and store kits until they are released for processing. Kits submitted for testing are eventually processed by criminalists at the DCI Criminalistics Laboratory.

ADULT SEXUAL ASSAULT PROTOCOL: INITIAL MEDICAL AND FORENSIC EXAMINATION

This protocol is written as a brief guideline for an initial forensic examination of a sexual assault patient. The examiner may modify, omit, or add to this protocol based on the history, age of the patient, and physical findings. The 2013 "National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent" is highly recommended for a more thorough and detailed protocol with documented rationale and is available at https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf.

The guidelines that follow are additional information regarding many of the items outlined in the evidence collection kit instructions. The examiner should "think outside the box" in regard to evidence collection. Evidence collection is not limited to items included in the guidelines, but rather is directed by the patient's history. The specific items used in the evidence collection kit will be dependent on the case scenario. It is important that evidence and history gathering be conducted by a trained sexual assault examiner. This specialized knowledge will be critical to ensure all evidence is collected properly.

General Considerations

The documentation of injuries and the collection of evidence are enhanced by performing a forensic medical examination as soon as possible following the assault. Time guidelines vary jurisdiction-to-jurisdiction and state-to-state. As a general recommendation, evidence collection should be attempted **up to 120 hours** after the assault. It is important to understand that many services, such as history

documentation, physical exam and assessment for injuries, and medication prophylaxis can be offered well beyond the 120-hour evidence-collection window. Examiners should recognize that decisions about whether to collect evidence is made on a case-by-case basis , guided by the examiner's education, training, and experience, and multiple factors that may be unique to each patient.

The collection of the evidence collection kit from the patient's body utilizes cotton-tipped swabs. Appropriate collection techniques and handling are taught to the trained sexual assault examiners. General guidelines for using the cotton-tip swabs include:

1) Always collect two (2) swabs at the same time.
2) If the area swabbed is dry, lightly moisten the applicators with sterile water or normal saline. Tap water may be used if no other option is available.
3) After swabs are collected, allow swabs to air dry (no dripping) before placing them in paper or individual boxes.
4) Label the package with the patient's name and the location of the material collected.

The examiner must always wear gloves and a face mask during the exam and the collection of evidence from the patient. Avoid examiner DNA contamination of the evidence collection kit by not talking, coughing, or sneezing over the open evidence collection kit.

PATIENT CONSENT FORM

The purpose of the Patient Consent Form is to obtain the "informed" written consent of the patient for medical evaluation and treatment and for forensic exam and evidence collection. Additional consent items may be obtained based on hospital policies or legal statutes.

The consent process should be completed prior to beginning the patient history and examination and re-assessed continually throughout the exam process. The patient should be informed of the right to decline all or any part(s) of the forensic evidence exam. In the case that an adult patient lacks the capacity to give consent, the patient's legal representative should sign the consent form. (In addition, hospitals may have specific guidelines for this scenario.) In rare cases, the county attorney's office may be contacted for guidance regarding consent.

It is always the patient's choice to participate in as much or as little of the process as s/he chooses. The examiner should re-assure the patient that it is the patient's choice to proceed with each step of the examination.

PATIENT HISTORY

A medical history should be collected after the initial introduction of available services and consent has been obtained from the patient. As part of the history-taking, the examiner should ask the patient to describe the sexual assault.

Persons present in the exam room should be limited to the examiner and trained advocate, with the patient's consent. If the patient requests the presence of a family member or friend in the exam room, the patient is strongly encouraged to complete the history portion of the exam prior to having someone else in the room. This recommendation is based not only on potential legal issues, but also to facilitate the patient's comfort while recounting traumatic details.

Obtaining a complete and accurate patient history regarding the sexual assault is medically pertinent to the examination. A complete and accurate history provided by the patient will likely guide evidence collection, as well as testing, treatment, and discharge recommendations. Providers may ultimately rely on the description of the assault to inform further medical diagnosis and treatment.

The specific questions asked of each patient may differ based on the circumstances, the patient's affect and cognitive status, and other factors. The examiner should use his or her best judgment in how to elicit information from the patient. The national protocol recommends the following pieces of patient history be gathered, all of which are pertinent to the forensic medical examination:

- Date and time of the sexual assault;
- Other pertinent medical history (such as recent unrelated injuries);
- Recent consensual sexual activity;
- Post-assault activities (like urination, defecation, bathing, etc.)
- Suspect's relationship to the patient, if known;
- Nature of the physical assault;
- Detection of alcohol or drug-facilitated sexual assault; and
- Description of the sexual assault.

The examiner should attempt to take detailed notes of the patient's history, including the description of the sexual assault. It is vital that the examiner record and indicate in writing direct quotations from the patient.

The recorded history will follow the patient long after the examination. Accurate documentation is necessary to guide follow-up services and the examiner may rely on the record if called to testify as a witness.

General Physical Exam

The primary responsibility of the sexual assault exam provider is to address the medical, physical, and emotional needs of the sexual assault victim–patient. Reassure the patient that s/he is in a safe place. Any urgent or life-threatening physical and mental injuries/impairments should be addressed and resolved prior to the sexual assault examination. Documentation of the general appearance and demeanor of the patient is important. Documentation of all bruises, cuts, scrapes, etc. is important. Body diagrams/maps are useful in accurately documenting findings from a physical exam.

Strangulation Assessment

Victim–patients may have been strangled and a strangulation evaluation and assessment should be included in every patient exam.

A detailed protocol for assessing strangulation has been published by the International Association of Forensic Nurses and at http://www.forensicnurses.org/resource/resmgr/resources/strangulation_documentation_.pdf.

As with the general patient history, it is important to document patient-provided information related to strangulation in the patient's own words. In recording the examiner's own observation, the examiner should be careful to use neutral clinical language (like "looks at floor") rather than value-based language (like "poor eye contact").

Example documentation for a strangulation assessment can be found in the sample chart included in the sample policies document or a standalone sample chart can be downloaded from Dropbox by clicking here.

Clothing Evidence

Clothing is retained for evaluation of the presence of hairs, fibers, and body fluids. In addition, ripped/torn/stained clothing may corroborate the patient's history of the event. Each article of clothing should be labeled with the patient's name, the date

and time collected, and a description of the article. Each article should be separately placed into a paper bag and sealed with evidence tape.

Plastic bags should never be used for evidence collection. Do not write on or cut through existing rips/tears/stains in clothing.

If clothing is damp/wet, the law enforcement officer picking up the evidence should be alerted to remove the clothing after transport to the agency's secured evidence room, to allow the articles of clothing to dry.

ORAL SWABS

Oral swabs are collected when it is believed that a penis penetrated the mouth. Food and liquids should be avoided prior to the oral swab collection. Dental floss is no longer a recommended collection process for obtaining an oral sample due to the increased risk of infection, including HIV.

VAGINAL SWABS

Vaginal swabs are collected when it is believed that a penis or digit penetrated the vagina or any other part of the perpetrator's body touched the vagina skin-to-skin. Inspect the external genitalia and surrounding skin for trauma and possible evidence before the speculum exam. The rationale for a speculum exam should be discussed with the patient; however, it is the patient's choice to proceed. A speculum exam may be deferred based on the patient history and medical factors. Vaginal swabs can still be collected from the patient even if a speculum is not utilized for the exam.

The collection of perineal skin swabs often yields evidence and, if indicated, should be obtained prior to the vaginal exam. Typically, an internal vaginal exam and swab collection is all that is necessary. However, the vaginal exam and swabs should consist of no more than a set of external and internal swab specimens.

ANAL SWABS

Anal swabs are collected when it is believed that a penis penetrated the anus. They are collected prior to an anoscope exam if such is indicated.

PENILE SWABS

Penile and or scrotum swabs should be collected when indicated. The examiner should inspect the external genitalia and surrounding skin for trauma. The entire shaft and glans of the penis should be swabbed for potential evidence. A separate

set of swabs may be used for the scrotum. At no point of the exam should any swabs be collected internally in the glans of the penis; the urethral meatus should be avoided. The examiner should be sure to document any injury noted. If a dried secretion swab is indicated, please refer to dried secretion swab section for collection.

Dried-Secretions Swab

Collect dried/foreign material from the body surface. Carefully inspect the body for dried or wet secretions on the skin. Use of an alternate light source (ALS) may be helpful in identifying evidence. Any area that fluoresces with the long-wave ultraviolet light/ALS, or that the patient identifies as an area where there may be body fluid transference (i.e. kissing, licking, biting, splashed semen), should be swabbed. High-yield areas for positive findings (with or without fluorescence) include the neck and breasts.

If there are dried secretions matted in any of the body hair, they may be cut out and placed in the debris envelope. Fingernail swabbing/scrapings may also be obtained if the patient's history supports the need to collect this evidence. All samples collected should be labeled with the appropriate source of evidence.

Buccal Swab

Buccal swab collection is obtained to positively identify the patient. If an oral assault occurred, DNA other than the patient's may also be present in the oral cavity. In this case, the patient's blood sample must be obtained to definitively identify the patient's DNA. An "FTA" blood collection card is used to collect the patient's blood sample.

Photography

Photographic documentation of injuries can be a very powerful tool when explaining injuries to a jury. It is strongly recommended that photography be utilized regardless of injury. The repeated use of photography develops examiner skill and also allows for an opportunity for second-opinion evaluation for injury during a peer-review process. Each facility and program should develop a policy pertaining to photography expectations and storage.

Ordinarily, law enforcement should be prepared to take photos of external injuries that are not to the genitalia, breasts, or anus. Examiners should communicate this expectation to law enforcement partners to ensure photography is conducted appropriately.

CHARTING

Proper charting is crucial for at least three reasons. First, to ensure the examiner gathers all medically appropriate information. Second, to ensure accurate recall and documentation. And third, to protect patient privacy.

Gathering information and evidence. Because a sexual assault exam involves collecting a significant amount of information and physical evidence, examiners are strongly encouraged to use either the paper sample chart included with this Protocol or an electronic record that includes substantially identical fields. Examiners are discouraged from using standard "treatment notes" or the equivalent because non-specialized forms are unlikely to capture necessary data.

Documenting information for later recall. Although not every sexual assault examination will result in prosecution and/or eventual testimony, the examiner should be prepared for that outcome. Thorough, accurate, and complete documentation is necessary to ensure the examiner can provide accurate testimony months or years later.

Patient privacy. A patient reporting sexual assault should not be required to surrender vast quantities of the patient's unrelated private medical information. Careful charting helps to protect this important patient interest. Examiners and facilities where exams are performed should adopt the following practices drawn from the national protocol (p. 85):

- The complete medical forensic record of the sexual assault visit should be maintained separately from the patient's medical record.
- The medical record should be stored at the exam site.
- The exam site should have clear policies about who is allowed access to these records.
- The medical record is not part of the evidence collection kit and it should not be submitted to the crime lab or given to law enforcement.

All of these steps further the important purpose of encouraging patients to report sexual assault without fear of undue invasion of privacy.

TOXICOLOGY SCREENING

Drug-facilitated sexual assault (DFSA) is the term used if substances, including alcohol, were used at the time of the assault. Routine toxicological testing is not recommended. However, toxicological testing is sometimes appropriate in a DFSA.

Individual jurisdictions, provider entities, or SARTs may adopt specific policies regarding toxicological samples.

Generally, the examiner may consider requesting a toxicological sample in the following circumstances, if the patient consents, wishes to participate with law enforcement services, and presents within 120 hours of the assault:

- If the patient's medical condition warrants toxicological screening for optimal medical care;
- If the patient reports either loss of memory or lapse of consciousness; or
- If the patient reports **in**voluntary consumption of alcohol or controlled substances.

The 120-hour guideline is a general rule synthesized from available medical literature. Because every individual metabolizes different drugs at various rates, it is not possible for the examiner to determine whether any particular drug has or has not fully metabolized in any particular patient.

If the examiner does request a toxicological sample, the national protocol (pp. 108–9) recommends that the patient be informed of additional considerations, including the following:

- The results of testing may not remain confidential and may ultimately be seen by law enforcement, defense attorneys, and others;
- There is no guarantee that testing will reveal that drugs were used to facilitate to assault;
- The testing is not limited to the drugs or alcohol used to facilitate sexual assault and thus the testing may also detect other drugs or substances the patient voluntarily ingested.

One unique consideration for Iowa patients is that toxicology can only be performed for patients who wish to cooperate with law enforcement. This limitation is due to the reporting-of-results structure and the involvement of state agencies. Examiners should alert patients to this limitation and respect patient decisions.

The examiner should be conscious that the patient may reveal voluntary consumption of alcohol and/or substances during the exam. The examiner should re-assure the patient that this does not diminish the seriousness of the assault.

Securing Evidence

Urine is the specimen of choice for toxicology screening in a sexual assault victim–patient. Because time may be of the essence, the examiner should collect the first available urine sample. Urine can be collected in any appropriately labeled sterile urine specimen container. If alcohol consumption is reported or indicated, the specimen should be collected in a gray stopper tube, if possible.

All specimens must be identified with the patient's name, date of collection, source of the specimen and the examiner's initials/name. Each item should be securely closed without contamination by the examiner (i.e., licking of an envelope, ungloved hand). Each envelope is placed inside the evidence collection kit. The kit is sealed closed with the evidence labels.

If collected, urine **MUST** be refrigerated in a separate container inside a sealed paper bag. Urine should **NOT** be put inside the evidence collection kit. Chain of custody for the evidence is maintained by the examiner until the evidence is signed over to law enforcement or stored according to legal guidelines of the institution. Note that the rest of the evidence collection kit should **NOT** be refrigerated, as refrigeration can compromise other non-urine biological evidence.

Information for Crime Lab

A "victim information" sheet is inside each evidence collection kit. Hospital or SART forms are not a substitute for this form and should not be included. This report form guides the criminalist in performing the analysis of the evidence. The form should be completed by responding to the written questions. The "victim's description of the assault" is a brief written recount by the examiner based on what the patient reported in the medical history. It should give a brief overview of the type of assault, items of clothing included in the kit, injuries pertinent to the evidence collection, and other helpful information for the criminalist to complete the analysis of the evidence.

It is imperative that the examiner also completes the appropriate consent document inside the kit as well. This document should be signed by the patient or legal guardian and the examiner should ensure that the patient understands both reporting options.

Patients may choose to have a kit collected and stored anonymously; however, this means that their kit will not be analyzed at the lab until they are no longer anonymous. If a patient wishes to report anonymously, only the outside of the kit should be labeled with the anonymous identifier (date of exam/hospital/patient year

of birth); all information inside the kit should be labeled with the true identity of the patient. Once an anonymous kit is submitted to law enforcement for storage, the patient will need to contact that law enforcement agency to request their kit to no longer be anonymous.

POST-EXAMINATION RECOMMENDATIONS

The discussion of follow-up services for both medical and counseling needs is an important treatment aspect for sexual assault victim–patients. It is essential that they receive pertinent information regarding any recommended follow-up medical procedures or appointments concerning treatment for sexually transmitted infection, healing of injuries, etc.

Patients should be encouraged to self-monitor symptoms and seek health care with any concerns. Patients should be instructed and encouraged to comply with any follow-up appointments necessary for any continuation of care per program policy.

Written and verbal information should be provided to patients, including the locations of clinics or referrals. Patients should be informed that the costs for these follow up tests are also covered by the Sexual Assault Examination Payment Program.

Additional patient information is included in the Sexual Assault Evidence Collection Kit and should be provided to the patient. This includes payment of sexual assault exams, coverage for additional crime-related expenses, information about HIV/AIDS and test sites, and a list of Sexual Assault Service Programs in Iowa.

APPENDIX A: RELEVANT IOWA CODE PROVISIONS

SEXUAL ABUSE

Any sex act between persons is sexual abuse if the act is done by force or against the will of the other. If consent or acquiescence of the other is procured by violence or threats of violence, or if the act is done when the other is under the influence of a drug inducing sleep or is otherwise in a state of unconsciousness, the consent is ineffectual and the acts were done against the will of the other. Additionally, if a person is suffering from a mental defect or incapacity which precludes giving consent, or lacks the mental capacity to know the right and wrong of conduct in sexual matters, the person engaging in sex acts with that individual has committed sexual abuse.

Iowa Code § 709.1. *See generally* Chapter 709, § 702.17

AGE OF MAJORITY

Generally, the age of majority in Iowa is eighteen years old. There are some exceptions for certain actions taken by minors who are married or emancipated.

Iowa Code §§ 702.5, 232.68(1). *See also* 599.1, 709.8, 709.4, 709.12.

AGE OF CONSENT

Under Iowa law, the age of consent is generally sixteen years of age. However, it should be noted that a specific age of consent is not codified. For the purposes of sex crimes, criminal acts are determined based on the ages of the individuals involved in the sex act.

Iowa Code §§ 709.4, 702.5

CONSENT

A sex act is said to be committed without consent if the act is done by force or against the will of the other or if acquiescence of the other is procured by violence, or threats of violence toward any person. To be able to give consent to a sex act, an individual must be free from the influence of a drug-inducing sleep, conscious, and of a sufficient mental capacity to know the right and wrong conduct in sexual matters.

Iowa Code § 709.1. *See also* §§ 709.1A, 702.17, 709.5.

Serious Injury Reporting

Serious injuries include disability, mental illness and bodily injury which creates a substantial risk of death, causes permanent disfigurement or causes protracted loss or impairment of the function of any bodily member or organ. Serious injuries include but are not limited to skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of four.

Under Iowa law, any person licensed to administer treatment to any person suffering from a gunshot, stab wound or other serious injury which appears to have been received in connection with the commission of a criminal offense, or to whom an application is made for treatment of any nature because of the serious injury, shall at once report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or an application thereof was made no later than 12 hours thereafter. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as reporting of the serious injury is concerned.

Iowa Code §§ 147.111, 702.18

Advocates

A victim is entitled to a victim counselor at any proceeding commenced by a law enforcement agency, judicial district department of correctional services, or a court pertaining to the commission of a public offense against the victim at which the victim is present. The victim is also entitled to counselor services during examinations of the victim in an emergency medical facility due to injuries from the pubic offense. A counselor who is present at the request of the victim shall not be denied access to any proceeding related to the offense. Communications shared between the counselor and crime victim are confidential and cannot be disclosed to a third party, with the exception of a person present in the consultation for the purpose of furthering the interest of the victim, a person whom disclosure is reasonably necessary for the transmission of the information, or a person with whom disclosure is necessary for accomplishment of the purpose for which the counselor is consulted by the victim.

There is a procedure by which a party may obtain otherwise confidential information from an advocate, but only upon court order issued after the party has satisfied an exacting legal standard.

Iowa Code §§ 915.20, 915.20A

Sex Act

A sex act generally refers to contact between two or more persons involving penetration of the penis into the vagina or anus; contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person; contact by an artificial sexual organ or substitutes there for in contact with the genitalia or anus; contact between the finger or hand of one person and the genitalia or anus of another person. A sex act does not include contact by a licensed professional or contact to the aforementioned organs made without a "sexual" purpose or motivation.

Iowa Code § 702.17. *See also* Chapter 148, 148C, 152; *State v. Monk*, 514 N.W.2d 448, 450 (Iowa 1994).

Child Abuse

The Department of Human Services has the legal authority to conduct an assessment of child abuse when it is alleged that the victim is a child and the child is subjected to one or more of the nine categories of child abuse defined in Iowa: physical abuse, mental injury, sexual abuse, denial of critical care, child prostitution, presence of illegal drugs, manufacturing or possession of a dangerous substance, bestiality, or access to a registered sex offender.

Iowa Code § 232.68. *See also* §§ 702.5, 709.4, 709.8, 709.12, 709.13, 709.14.

Mandatory Reporting

Under Iowa law, a person who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child and reasonably believes that a child has suffered sexual abuse, physical abuse, mental injury, child prostitution, denial of critical care, bestiality in the presence of a child, manufactures a dangerous substance or is in possession of a dangerous substance by someone who is a caretaker shall immediately report the suspected abuse directly to the Department of Human Services. In addition, a report of abuse must be made of a child under twelve whose sexual abuse results from anyone (regardless of their caretaker status). For a child twelve or older, when the sexual abuse is perpetrated by someone who is **NOT** a caretaker, the report is permissive (at the discretion of the reporter).

Reports made by a mandatory reporter must be made both orally and in writing. In cases involving sexual abuse by persons who are not caretakers, the report can be

made to local law enforcement or to the Department (who is responsible to refer the report to law enforcement if received).

If the person making the report has reason to believe that immediate protection of the child is advisable, that person must also make an oral report to an appropriate law enforcement agency. A mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse is guilty of a simple misdemeanor, and may also be civilly liable for damages proximately caused by such failure. A mandatory reporter must make all reports in good faith.

Iowa Code § 232.68. *See also* §§ 702.5, 709.4, 709.8, 709.12, 709.13, 709.14.

TREATMENT OF MINORS

Under general common law, a health care provider must obtain the consent of a minor's parent or guardian in order to render medical care, treatment or services to a minor. Courts have recognized limited exceptions to the general rule of parental consent. In addition, the Iowa Legislature has enacted several statutory provisions which expressly authorize minors to provide independent consent to receive medical care, treatment, and services. The purpose behind these minor-consent statutes is to encourage minors to receive medical care they might not otherwise receive if they had to obtain consent from a parent or guardian. Every state legislature, including Iowa's, has enacted statutory exceptions to override the common law parental-consent rule and give minors the legal authority to consent to some types of medical care for certain diseases, conditions, and situations.

A minor may consent to the following health care services without the permission or consent of his or her parents or guardians:

Contraceptive Services

In Iowa, minors are expressly authorized to consent to receive contraceptive services. A health care provider is not required to obtain consent from a parent or guardian prior to providing contraceptive services to a minor. The relevant portion of the text of the law provides as follows:

> A person may apply for…contraceptive services…directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. ….The minor shall give written consent to …receive the services[.] Such consent is not subject to later disaffirmance by reason of minority.

"Disaffirmance," referenced above, is the ability of a minor to repudiate or disavow certain contracts, because they are a minor. The final sentence quoted above means that a minor cannot repudiated or disavow consent regarding contraceptive services on the grounds that they were a minor.

Iowa Code § 141A.7(3). *See also Carey v. Population Services, International*, 431 U.S. 678 (1977); Title X Family Planning Program.

Victim Medical and Mental Health Services

A minor who is the "victim" of sexual abuse or assault may receive medical and mental health services without the prior consent or knowledge of the minor's parent or guardian under certain circumstances. The text of the law provides as follows:

> "Victim" means a child under the age of eighteen who has been sexually abused or subjected to any other unlawful sexual conduct under chapter 709 [sexual abuse statute] or 726 [incest and child endangerment statute] or who has been the subject of a forcible felony.

A professional licensed or certified by the state to provide immediate or short-term medical services or mental health services to a victim may provide the services without the prior consent or knowledge of the victim's parents or guardians. However, such professionals are mandatory reporters:

> Such a professional shall notify the victim if the professional is required to report an incidence of child abuse involving the victim pursuant to section 232.69.

Iowa Code § 915.35(1), (2) & (3).

Sexually Transmitted Diseases – Prevention, Diagnosis and Treatment

Iowa law authorizes a minor to provide consent for medical services related to the prevention, diagnosis, or treatment of a sexually transmitted disease. Minors are able to provide consent for prevention services, such as the hepatitis B vaccine, and for treatment for STD's, including chlamydia, gonorrhea, hepatitis B and hepatitis C, human papillomavirus (HPV), and syphilis. A health care provider is not required to obtain consent from a parent or guardian prior to providing these services to a minor.

The text of the law provides as follows:

> A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

Iowa Code § 139A.35.

HIV/AIDS Care

Iowa law authorizes a minor to give consent to receive services, screening, testing, and treatment for HIV/AIDS, and provides that the consent of a parent or guardian is not required to provide these services. However, the law does require that a minor must be informed prior to testing that, if the test result is positive, the minor's legal guardian shall be informed by the testing facility.

The text of the law provides as follows:

> Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or centers for disease control and prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority.

Iowa Code § 141A.7(3).

APPENDIX B: HEALTH PROVISION RESOURCES

SEXUALLY TRANSMITTED INFECTIONS

For current treatment guidelines…

See the Centers for Disease Control & Prevention Sexually Transmtted Diseases Guidelines (2015), available in .PDF format at http://www.cdc.gov/std/tg2015/tg-2015-print.pdf.

The Pocket Guide is available in .PDF format at http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf.

For information on HIV prophylaxis in adults/adolescents…

See the Centers for Disease Control & Prevention, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines, available in .PDF format at http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf.

Additional resources:

- Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States, *MMWR*, January 21, 2005 / 54(RR02); 1–20.
- Centers for Disease Control & Prevention homepage: http://www.cdc.gov/
- New York Health Department HIV Clinical Resources: http://www.hivguidelines.org/clinical- guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational- exposure-including-sexual-assault/
- National Clinician's HIV/AIDS Consultation Center for warm/hot lines: http://www.nccc.ucsf.edu/

For STD clinic sites in Iowa…

See the Iowa STD Clinics website at http://yourstdhelp.com/iowa.html

For Iowa STD program information and statistics…

See http://idph.iowa.gov/hivstdhep/std/resources.

For information on HIV testing and treatments sites, as well as Iowa HIV information and statistics,

See Iowa Department of Public Health website: http://idph.iowa.gov/hivstdhep/hiv.

APPENDIX C: PAYMENT FOR SEXUAL ASSAULT EXAMS

The State of Iowa pays for a sexual assault examination regardless of whether the victim–patient reports the crime to law enforcement. This is done to ensure that prosecutors and law enforcement officers will have evidence efficiently and effectively collected if the victim–patient later reports that crime. Funds for the Sexual Abuse Examination Payment Program come from the Crime Victim Compensation Fund. That fund is comprised entirely of fines and penalties paid by convicted criminals. It is the law in Iowa that,

> The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for the purpose of preventing venereal disease shall be paid from the [Crime Victim Compensation Fund].

Iowa Code § 915.41.

Hospitals, physicians and other medical providers who collect and process evidence of sexual abuse submit bills directly to the Sexual Abuse Examination Payment Program. In the event that a victim is erroneously billed and pays for the cost of the evidence collection, the program will reimburse that victim.

Bills should be sent to:

> **Sexual Assault Examination Program**
> Iowa Attorney General's Office
> Lucas Building, Ground Floor
> 321 E. 12th St.
> Des Moines IA 50319

For questions, contact (515) 281-5044 or Toll Free: (800) 373-5044. For fax, 515-281-8199.

See also the Iowa Attorney General's Office website, "Sexual Assault Examination Payment Program, available at https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examination- payment-program/

For more information regarding how to apply for payment for sexual assault exams in your institution, see the Iowa Administrative Rules, section 61-9.82(915), "Application for Sexual Abuse Examination Payment."

In some cases, particularly when the victim does choose to report the crime to law enforcement, additional expenses for medical treatment, counseling, lost wages due to the crime, or reimbursement for clothing may be covered by the

Iowa Crime Victim Compensation Program. For more information, go to: https://www.iowaattorneygeneral.gov/for-crime- victims/crime-victim-compensation-program/.

APPENDIX D: VICTIM RESOURCES

DOMESTIC VIOLENCE

For victim support and resources, and to locate advocates or shelters in your area, see the website at Iowa Coalition Against Domestic Violence (ICADV): http://www.icadv.org.

For a list of programs in your area: http://www.icadv.org/#!services-in-iowa/cktc.

Iowa Domestic Violence Helpline: 1-800-770-1650 or http://www.survivorshelpline.org/

SEXUAL ABUSE/ASSAULT

For victim support and resources, and to locate advocates in your area, see the website at Iowa Coalition Against Sexual Assault (IowaCASA): http://www.iowacasa.org/ .

For resource information for victims, go to: http://www.iowacasa.org/#!resources/ccae

For a list of IowaCASA Member Centers see the directory at: http://www.iowacasa.org/#!ia-sa-_programs/cpvl.

Iowa Sexual Abuse Hotline: 1-800-284-7821 or https://rvap.uiowa.edu/isah/

To find a STI testing center near you: http://www.hivtest.org

VICTIM ASSISTANCE

Iowa Attorney General Crime Victim Assistance Division – Funded Victim Services Program: https://www.iowaattorneygeneral.gov/media/cms/DACShelterSAC_SFY2015_Map_Final_0C6C_04126ED10.pdf.

Other resources for crime victims: https://www.iowaattorneygeneral.gov/for-crime-victims.

National Center for Victims of Crime, Resources: http://www.ncvc.org/ncvc/main.aspx?dbID=DB_HelpfulContacts859.

For victim support and resources, and to locate advocates or shelters in your area, see the website at Iowa Coalition Against Domestic Violence (ICADV): http://www.icadv.org.

For a list of programs in your area: http://www.icadv.org/#!services-in-iowa/cktc.

Iowa Domestic Violence Helpline: 1-800-770-1650 or http://www.survivorshelpline.org/

APPENDIX E: CULTURALLY-SPECIFIC VICTIM SERVICES

AMANI COMMUNITY SERVICES

This program serves survivors and victims of sexual assault and domestic violence in the African American communities in Cedar Rapids, Davenport, and Waterloo.

Cedar Rapids office: (319) 804-0742

Davenport office: (319) 504-9073

Waterloo office: (319) 232-5660

Crisis line: (888) 983-2533

https://www.amani-cs.org/

LATINAS UNIDAS POR UN NUEVO AMANECER (LUNA)

This program serves survivors and victims of sexual assault and domestic violence in the Latino / Latinx communities throughout Iowa. *Este centro de crisis brinda asesoramiento, apoyo y recursos gratuitos y confidenciales a los sobrevivientes latinos de violencia domestica y agresin sexual.*

Office line / Linea de oficina: (515) 271-5060

24-hour helpline / Línea de crisis las 24 horas: (866) 256-7668

https://www.lunaiowa.org/

RESOURCES FOR INDIGENOUS SURVIVORS & EMPOWERMENT (RISE)

This program serves survivors and victims of sexual assault and domestic violence in the Native and Meskwaki communities in Iowa.

Office line: (641) 484-2103

24-hour helpline: (855) 840-7362

https://www.meskwaki.org/rise/

Monsoon Asians & Pacific Islanders in Solidarity

This program serves survivors and victims of sexual assault and domestic violence in Asian and Pacific Islander (API) communities throughout Iowa.

Office line: (515) 288-0881

24-hour helpline: (866) 881-4641

https://monsooniowa.org/

Nisaa African Family Services

This program serves survivors and victims of sexual assault and domestic violence in African Immigrant and Refugee communities throughout Iowa.

Des Moines office: (515) 255-5430

Iowa City office: (319) 338-7617

http://nisaa-afs.org/

Thrive Together (formerly Deaf Iowans Against Abuse)

This program serves survivors and victims of sexual assault and domestic violence in the Deaf and Hard of Hearing communities throughout Iowa.

VP/P: (319) 531-7719

24/7 text only line: (515) 661-4015

Email: help@thrivetogethertoday.org

https://www.thrivetogethertoday.org/

APPENDIX F: SANE PROGRAM RESOURCES

A National Protocol for Sexual Assault Medical Forensic Examinations (Adult/Adolescents), Second edition. April 2013, US Department of Justice, Office on Violence Against Women. https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf

International Association of Forensic Nurses (IAFN): http://www.forensicnurses.org/

State of Iowa Crime Lab, Division of Criminal Investigation (DCI), Iowa Department of Public Safety: (515) 725-1500 or general email address to dciinfo@dps.state.ia.us.

Iowa Department of Public Health, Health Care Response to Violence Against Women (Resources for health care providers regarding domestic violence and sexual assault): https://idph.iowa.gov/disability-injury-violence-prevention/violence-against-women

Sexual Assault Examination Program – Iowa Dept. of Justice, Office of the Attorney General: https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examination- payment-program/

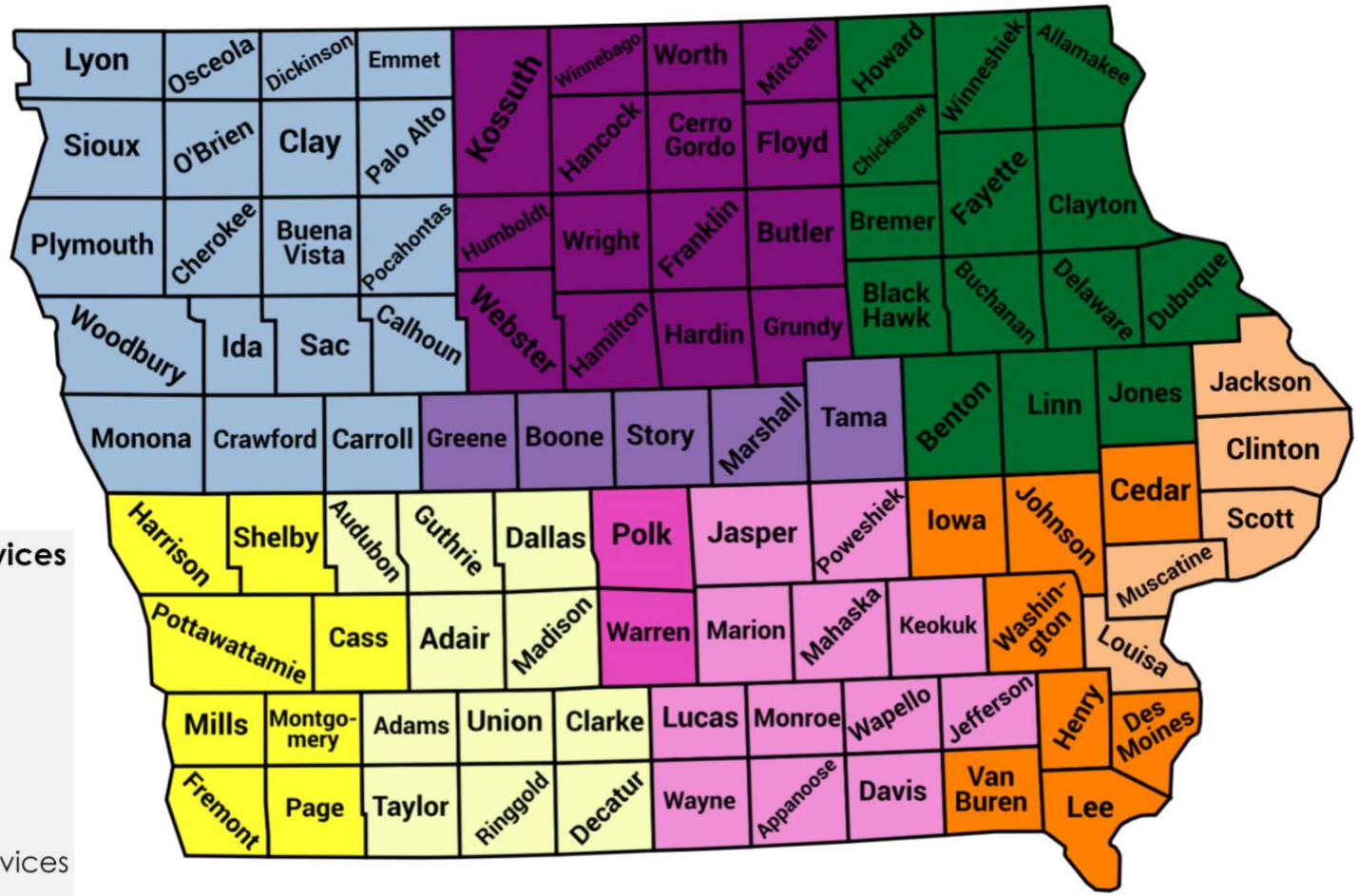
Crime Victims Assistance Program – Iowa Dept. of Justice, Office of the Attorney General: https://www.iowaattorneygeneral.gov/for-crime-victims/

Crime Victim Compensation Program – Iowa Dept. of Justice, Office of the Attorney General: https://www.iowaattorneygeneral.gov/for-crime-victims/crime-victim-compensation-program/

APPENDIX G: COMPREHENSIVE SEXUAL ABUSE SERVICES MAP BY REGION

Regions by Colors

Blue = Region 1
Purple = Region 2
Green = Region 3
Yellow = Region 4
Pink = Region 5
Orange = Region 6



Comprehensive Sexual Abuse Services

- CAASA
- Crisis Intervention Service
- ACCESS
- Riverview Center
- Catholic Charities
- CIAC
- Polk County Crisis & Advocacy Services
- Crisis Intervention Services
- RVAP
- Family Resources

What does "comprehensive services for sexual abuse" mean?

The state of Iowa is divided into **six regions** for victim services. **Each region is covered by at least one comprehensive sexual abuse service provider.**

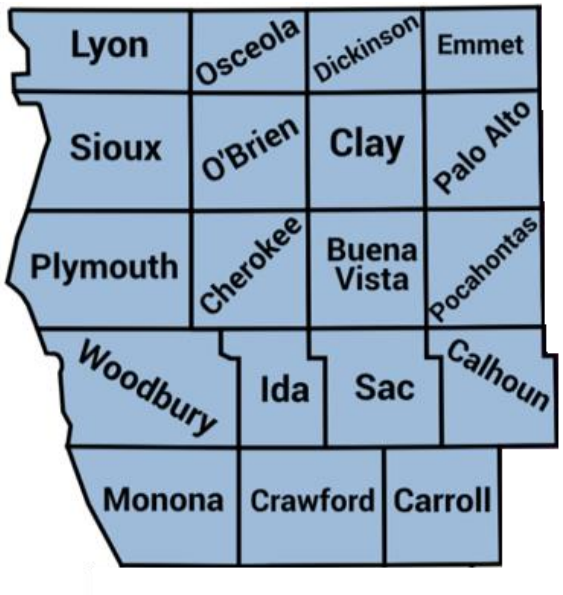
The **regions and service areas** (which counties providers cover) for the different victim service agencies are detailed on the **map on the previous page**.

Sexual abuse comprehensive services may provide the following services:

- Emergency **crisis response**;
- 24/7 crisis line;
- Information on **victims' legal rights and protections**;
- Information on the **criminal justice process**;
- **Emotional support** for survivors and their family members;
- **Safety planning**;
- Assistance with **Crime Victim Compensation** applications;
- **Medical advocacy**—meaning an advocate can be present with survivors for examinations, medical procedures, and tests related to the abuse;
- **Legal advocacy**—meaning an advocate can help survivors understand their rights, be present during criminal justice proceedings, assist with communication with county attorneys' offices, help understand how to file a protective order, and provide referrals for legal assistance. It's important to remember that advocates are not attorneys and cannot provide legal representation;
- One-on-one **counseling and support groups**; and
- **Information and referral** to additional services/resources.

REGION 1 – SEXUAL ABUSE COMPREHENSIVE SERVICES			
Organization	**Counties Covered**	**Contact Info**	**Logo**
Centers Against Abuse & Sexual Assault (CAASA) *Spencer*	Buena Vista, Calhoun, Carroll, Cherokee, Clay, Crawford, Dickinson, Emmet, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury	Crisis line: 1.877.362.4612 caasaonline.org	CAASA CENTERS AGAINST ABUSE & SEXUAL ASSAULT

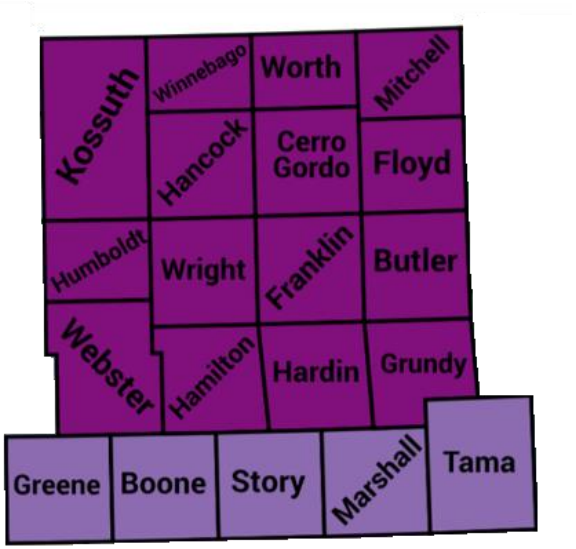
REGION 1 – Medical/Forensic Evaluation Sites			
Hospital	**City**	**Hospital**	**City**
St. Anthony Regional	Carroll	Cherokee Regional Medical	Cherokee
Crawford County Memorial	Denison	Palo Alto County Health	Emmetsburg
Avera Holy Family	Estherville	Hawarden Regional Healthcare	Hawarden
Horn Memorial Hospital	Ida Grove	Stewart Memorial	Lake City
Floyd Valley HealthCare	Le Mars	Manning Regional Healthcare	Manning
Burgess Health Center	Onawa	Orange City Area Health	Orange City
Pocahontas Community Hospital	Pocahontas	MercyOne Primghar Medical	Primghar
Sandford Rock Rapids Medical	Rock Rapids	Loring Hospital Critical Access	Sac City
Sanford Medical	Sheldon	Osceola Community	Sibley
MercyOne Siouxland	Sioux City	Unity Point Health-St. Lukes	Sioux City
Spencer Hospital	Spencer	Lakes Regional Healthcare	Spirit Lake
Buena Vista Regional	Storm Lake	Waverly Health Center	Waverly
Promise Community Health	Sioux City	**Hegg Health-Avera**	**Rock Valley**



REGION 1 – Pharmacy					
Walgreens	105 E. 6th St. Carroll, IA 51401	(712) 792-4566	Walgreens	800 Grand Ave Spencer, IA 51301	(712)262-0231
Walgreens	**800 Lake Ave Storm Lake, IA 50588**	**(712) 732-0005**	Walgreens	W. Bremer Ave Waverly, IA 50677	(319)596-1085

REGION 2 – SEXUAL ABUSE COMPREHENSIVE SERVICES			
Organization	**Counties Covered**	**Contact Info**	**Logo**
ACCESS *Ames*	Boone, Greene, Marshall, Story, Tama	Crisis line: 1.800.203.3488 assaultcarecenter.org	ACCESS
Crisis Intervention Service *Mason City*	Butler, Cerro Gordo, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Humboldt, Kossuth, Mitchell, Webster, Winnebago, Worth, Wright	Crisis line: 1.800.479.9071 cishelps.org	

REGION 2 – Medical/Forensic Evaluation Sites			
Hospital	**City**	**Hospital**	**City**
Kossuth Regional	Algona	Mary Greeley Medical Center	Ames
Theilen Student Health, ISU	Ames	Iowa Specialty Hospital	Belmond
Boone County Hospital	Boone	Hancock County Health	Britt
MercyOne Cedar Falls	Cedar Falls	Floyd County Medical	Charles City
Iowa Specialty Hospital	Clarion	Jefferson County	Fairfield
UnityPoint Health-Trinity	Fort Dodge	Grundy County Memorial	Grundy Center
Humboldt County Memorial	Humboldt	Hansen Family Hospital	Iowa Falls
Greene County Medical	Jefferson	MercyOne North Iowa	Mason City
Story County Medical Center	Nevada	Mitchell County Regional	Osage
Sioux Center Health	Sioux Center	VanDiest Medical Center	Webster City



REGION 2 – Pharmacy					
Walgreens	**2719 Grand Ave. Ames, IA 50010**	**(515)232-8284**	Walgreens	2503 5th Ave S. Fort Dodge, IA 50501	(515)576-7113
Walgreens	310 Story St. Boone, IA 50036	(515)432-4093	Walgreens	1251 4th St. SW Mason City, IA 50401	(641)423-2035
Walgreens	2509 White Tail Dr Cedar Falls, IA 50613	(319)553-0206			

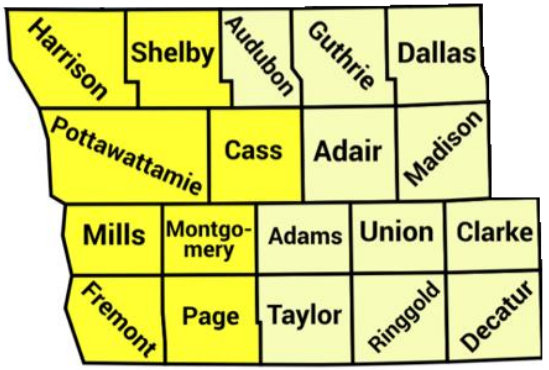
REGION 3 – SEXUAL ABUSE COMPREHENSIVE SERVICES			
Organization	**Counties Covered**	**Contact Info**	**Logo**
Riverview Center *Dubuque*	Allamakee, Black Hawk, Benton, Bremer, Buchanan, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Howard, Jones, Linn, Winneshiek	Crisis line: 1.888.557.0310 riverviewcenter.org	Riverview Center

REGION 3 – Medical/Forensic Evaluation Sites			
Hospital	**City**	**Hospital**	**City**
UnityPoint Health Jones Regional	Anamosa	MercyOne Medical Center	Cedar Rapids
UnityPoint Health St. Lukes	Cedar Rapids	Mercy-Council Bluffs	Council Bluffs
Methodist-Jennie Edmundson	Council Bluffs	Regional Health Services of Howard County	Cresco
Winneshiek Medical Center	Decorah	MercyOne Dubuque Medical Center	Dubuque
UnityPoint Health-Finley	Dubuque	MercyOne – Dyersville	Dyersville
MercyOne – Elkader	Elkader	Guttenberg Municipal	Guttenberg
Buchanan County Health	Independence	Regional Medical Center	Manchester
UnityPoint Health-Marshalltown	Marshalltown	MercyOne-New Hampton Medical Center	New Hampton
MercyOne Oelwein Medical	Oelwein	Community Memorial Hospital	Sumner
Virginia Gay Hospital	Vinton	MercyOne Medical Center (Covenant)	Waterloo
UnityPoint Health Allen	Waterloo	Veterans Memorial Hospital	Waukon
Gunderson Palmer Lutheran	**West Union**	Gunderson Lutheran Hospital	Decorah
Allen Child Protection Center	Waterloo		

REGION 3 – Pharmacy					
Walgreens	5250 C. Ave NE Cedar Rapids, IA 52402	(319)730-2001	Walgreens	324 Edgewood Rd, NW Cedar Rapids, IA 52405	(319)730-0636
Walgreens	2821 1st Ave, SE Cedar Rapids, IA 52402	(319)365-6306	Walgreens	3325 16th Ave, SW Cedar Rapids, IA 52404	(319)221-1498
Walgreens	2260 John F. Kennedy Rd Dubuque, IA 52002	(563)582-1659	Walgreens	55 John F. Kennedy Rd Dubuque, IA 52002	(563)556-3705
Walgreens	345 E. 20th St. Dubuque, IA 52001	(563)690-1836	Walgreens	1225 7th Ave Marion, IA 52302	(319)373-5415
Walgreens	**5 E. Anson St. Marshalltown, IA 50158**	**(641)752-7181**	Walgreens	1850 Logan Ave Waterloo, IA 50703	(319)296-7761
Walgreens	111 W. Ridgeway Ave Waterloo, IA 50701	(319)433-0490	Walgreens	3910 University Ave Waterloo, IA 50701	(319)236-9927

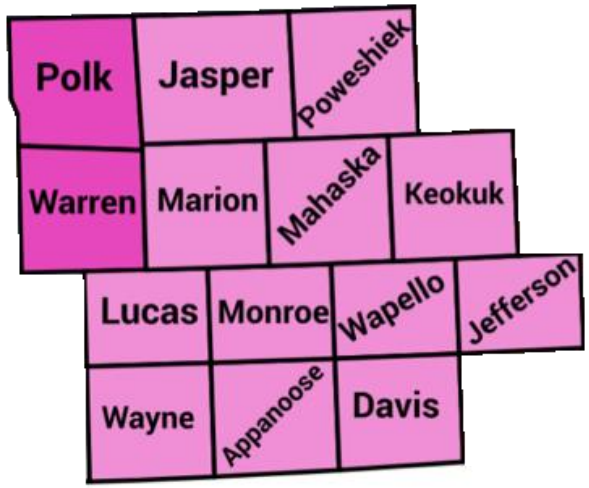
REGION 4 – SEXUAL ABUSE COMPREHENSIVE SERVICES			
Organization	**Counties Covered**	**Contact Info**	**Logo**
Crisis Intervention & Advocacy Center (CIAC) *Adel*	Adair, Adams, Clarke, Dallas, Decatur, Guthrie, Madison, Ringgold, Taylor, Union	Crisis line: 1.800.550.0004 supportingsurvivors.org	Crisis Intervention & Advocacy Center Empowered • Safe • Respected • Free Believed • Independent • Strong Successful • Valued • Yourself
Catholic Charities *Council Bluffs*	Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby	Crisis line: 1.888.612.0266 www.catholiccharitiesdm.org/our-services/domestic-violence-shelter	Catholic Charities Diocese of Des Moines

REGION 4 – Medical/Forensic Evaluation Sites			
Hospital	**City**	**Hospital**	**City**
Cass County Memorial	Atlantic	Audubon County Memorial	Audubon
Clarinda Regional Medical	Clarinda	MercyOne – Corning	Corning
Greater Regional Health	Creston	Adair County	Greenfield
Guthrie County Hospital	Guthrie Center	George C. Grape Community	Hamburg
Myrtue Medical Center	Harlan	Decatur County	Leon
MercyOne Missouri Valley	Missouri Valley	Ringgold County Hospital	Mount Ayr
Clarke County Regional	Osceola	Dallas County Hospital	Perry
Montgomery County Hospital	Red Oak	Shenandoah Medical Center	Shenandoah
MercyOne Madison County Health	Winterset		



REGION 5 – SEXUAL ABUSE COMPREHENSIVE SERVICES			
Organization	**Counties Covered**	**Contact Info**	**Logo**
Crisis Intervention Services *Oskaloosa*	Appanoose, Davis, Jasper, Jefferson, Keokuk, Lucas, Mahaska, Marion, Monroe, Poweshiek, Wapello, Wayne	Crisis line: 1.800.270.1620 stopdvsa.org	
Polk County Crisis & Advocacy Services *Des Moines*	Polk, Warren	Crisis line: 515.286.3600 www.polkcountyiowa.gov/cfys/services/crisis-advocacy-services	Polk County Crisis & Advocacy Services

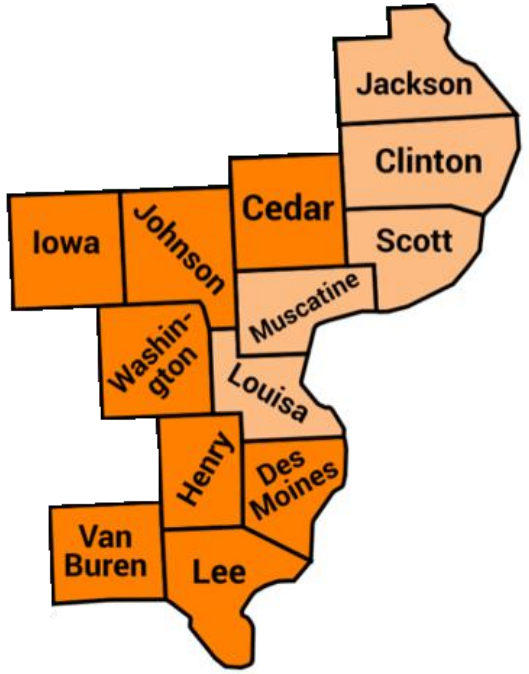
REGION 5 – Medical/Forensic Evaluation Sites			
Hospital	**City**	**Hospital**	**City**
Monroe County	Albia	Davis County Hospital	Bloomfield
MercyOne-Centerville	Centerville	Lucas County Health	Chariton
Wayne County Hospital	Corydon	Broadlawns Medical Center	Des Moines
MercyOne-Des Moines	Des Moines	Planned Parenthood Rosenfield	Des Moines
UnityPoint Health Iowa Lutheran	Des Moines	UnityPoint Health Iowa Methodist	Des Moines
Grinnell Regional Medical Center	Grinnell	Knoxville Hospital	Knoxville
MercyOne Newton Medical-Skiff	Newton	Mahaska Health Partnership	Oskaloosa
Ottumwa Regional Medical	Ottumwa	Pella Regional Medical Center	Pella
Keokuk County Health Center	Sigourney	MercyOne West Des Moines	West Des Moines
UnityPoint Methodist West	West Des Moines	Blank Children's STAR Center	West Des Moines



REGION 5 – Pharmacy					
Walgreens	**901 N. Ankeny Blvd. Ankeny, IA 50023**	**(515)964-3952**	**Walgreens**	**12753 University Ave Clive, IA 50325**	**(515)226-1786**
Walgreens	**2545 E. Euclid Ave Des Moines, IA 50317**	**(515)266-3174**	**Walgreens**	**3140 SE 14th St. Des Moines, IA 50320**	**(515)282-5295**
Walgreens	1000 N. Jefferson Way Indianola, IA 50125	(515)961-4867	Walgreens	1204 1st Ave. E Newton, IA 50208	(641)792-7379
Walgreens	327 W. 4th St. Ottumwa, IA 52501	(641)226-5077	Walgreens	1610 E. Vermeer Rd, Plant 3 ½ Pella, IA 50219	(641)628-3783

REGION 6 – SEXUAL ABUSE COMPREHENSIVE SERVICES			
Organization	**Counties Covered**	**Contact Info**	**Logo**
Family Resources *Davenport*	Clinton, Jackson, Louisa, Muscatine, Scott	Crisis line: 1.866.921.3354 famres.org	
Rape Victim Advocacy Program (RVAP) *Iowa City*	Cedar, Des Moines, Henry, Iowa, Johnson, Lee, Van Buren, Washington	Crisis line: 1.800.228.1625 www.rvap.org	

REGION 6 – Medical/Forensic Evaluation Sites			
Hospital	**City**	**Hospital**	**City**
UnityPoint Health Trinity	Bettendorf	MercyOne Clinton Medical	Clinton
Genesis Medical Center	Davenport	Genesis Medical Center	DeWitt
Fort Madison Community Hosp	Fort Madison	Franklin General Hospital	Hampton
MercyOne-Iowa City	Iowa City	University of Iowa	Iowa City
UnityPoint Health-Keokuk	Keokuk	Van Buren County Hospital	Keosauqua
Jackson County Regional Health	Maquoketa	Compass Memorial Hospital	Marengo
Henry County Health Center	Mount Pleasant	UnityPoint Health Trinity	Muscatine
Washington County Hospital	Washington	Great River Health System	West Burlington



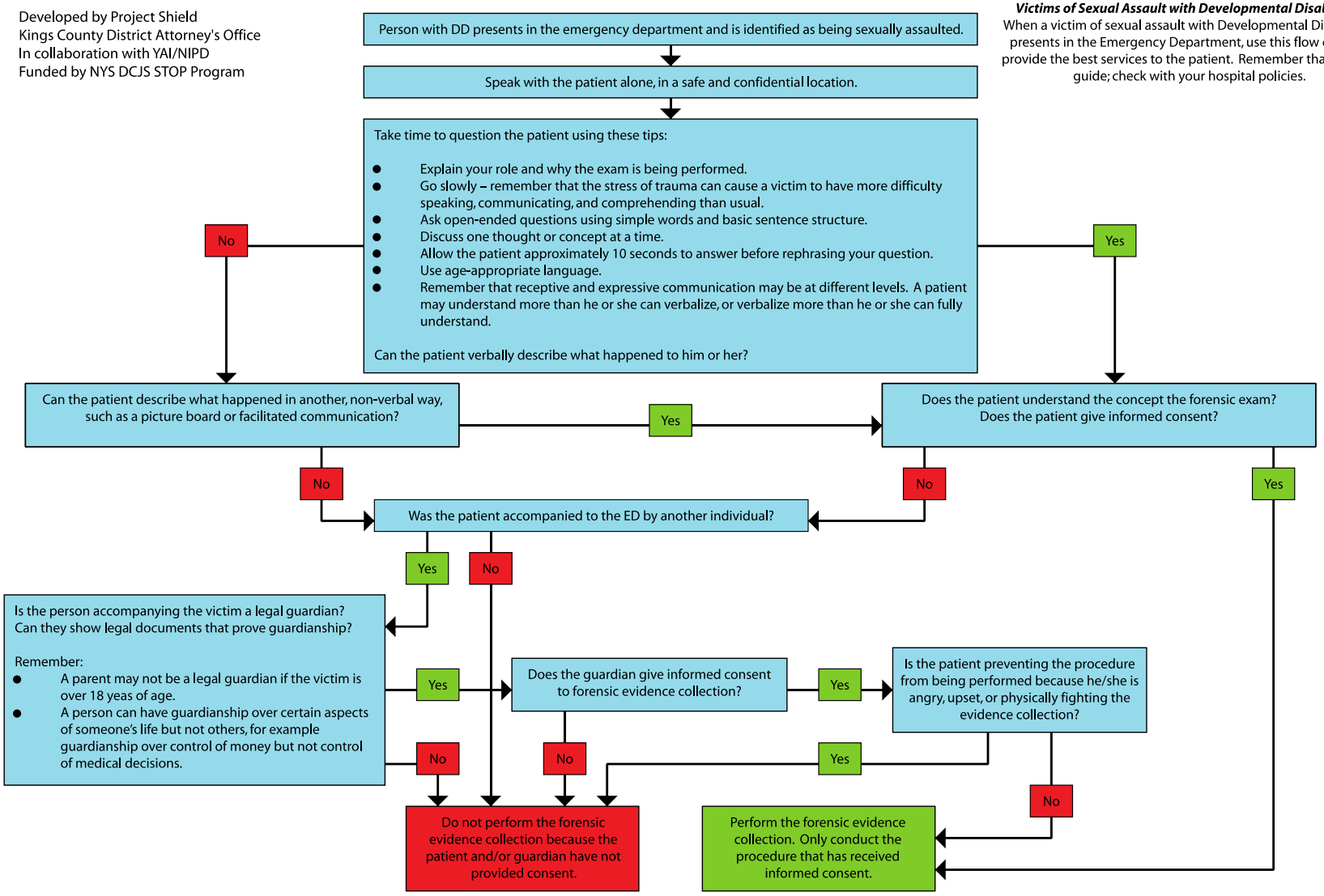
REGION 6 – Pharmacy					
Walgreens	830 Middle Rd. Bettendorf, IA 52722	(563)355-5345	Walgreens	3425 Middle Rd Bettendorf, IA 52722	(563)332-6049
Walgreens	3425 Middle Rd Bettendorf, IA 52722	(563)332-6049	Walgreens	201 S. Central Ave Burlington, IA 52601	(319)753-1639
Walgreens	806 S. 4th St Clinton, IA 52732	(563)242-8011	Walgreens	1905 N. 2nd St Clinton, IA 52732	(563)243-2247
Walgreens	2751 Heartland Dr. Coralville, IA 52241	(319)545-4600	Walgreens	1805 Brady St. Davenport, IA 52803	(563)322-5933
Walgreens	102 2nd St Coralville, IA 52241	(319)341-6153	Walgreens	4011 E. 53rd St Davenport, IA 52807	(563)359-3438
Walgreens	**1525 E. Kimberly Rd Davenport, IA 52807**	**(563)386-6883**	Walgreens	1720 W. Kimberly Rd Davenport, IA 52806	(563)386-2070
Walgreens	**1660 W. Locust St. Davenport, IA 52804**	**(563)324-3508**	Walgreens	2214 Muscatine Ave Iowa City, IA 52240	(319)354-2670
Walgreens	1215 Main St. Keokuk, IA 52632	(319)524-0145	Walgreens	1703 Park Ave Muscatine, IA 52761	(563)263-2724
Walgreens	625 Pacha Pkwy North Liberty, IA 52317	(319)499-6006			

APPENDIX H: DEVELOPMENT DISABILITY FLOWCHART

Victims of Sexual Assault with Developmental Disabilities

Developed by Project Shield
Kings County District Attorney's Office
In collaboration with YAI/NIPD
Funded by NYS DCJS STOP Program

Victims of Sexual Assault with Developmental Disabilities
When a victim of sexual assault with Developmental Disabilities presents in the Emergency Department, use this flow chart to provide the best services to the patient. Remember that this is a guide; check with your hospital policies.



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