

Supplementary Material 1

Title: Powerpoint presented to medical students.

Using a Survivor-Centered Approach to Working w/Survivors of Sexual Violence

WC SAFE
WAYNE COUNTY SEXUAL ASSAULT FORENSIC EXAMINER'S PROGRAM

Wayne County SAFE's Mission

WC SAFE provides those affected by sexual assault with free emergent and ongoing comprehensive services that encourage survivor healing and empowerment, promotes public awareness and leads social change.

#inspirespromotesadvances

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WAYNE COUNTY SEXUAL ASSAULT FORENSIC EXAMINER'S PROGRAM

Wayne County SAFE

- Over 1,000 patients per year, numbers growing since 2006
- 313-430-8000 Pager System answered by on-call SAFE available to provide services 24/7, 365 days a year, SAFE and advocacy team
- 5 Clinic Sites
- Hospital System Partnerships
- Inpatient Exams

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WAYNE COUNTY SEXUAL ASSAULT FORENSIC EXAMINER'S PROGRAM

Sexual Assault Forensic Examiners, Why?

- Long ED Wait Times
- High Staff Turnover with no formal training in place
- Lack of specialized equipment (SIDLR Camera, Colposcope)
- Lack of privacy in ED
- Lack of available crisis advocacy (work as a team, more support for patients)
- Crime Lab reports high volume of incomplete/unusable kits
- Breaks in chain of custody
- Poor Legal Testimony/ Lack of representation

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The Medical Forensic Exam

- Referrals
 - Emergency Departments, Law Enforcement, Advocacy Crisis Lines
- Meet Criteria for exam? (Sexual Assault within 120 hours, wants exam)
- Got Consent?
 - Adults, Adolescents/Pediatrics
 - Intoxicated, Impaired, Medically Sedated Patients

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The Medical Forensic Exam

1. Medical
2. Forensic
 - Documentation of Patient's Medical and Assault History
 - Assessment, documentation, photo-documentation, coordinated treatment of injuries
 - Collection of Forensic Evidence, Toxicology, etc.
 - Treatment and referrals for Pregnancy prevention, STI and HIV prophylaxis, other non-acute medicals referrals and follow up

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Treatments, Referrals, and Follow-Up

STI Prophylaxis (Gonorrhea, Chlamydia, Trichomoniasis)

- Pregnancy Prophylaxis (up to 120 hours)
- HIV nPep (up to 72 hours)
- Post Assault Treatment Guidelines, Referrals, Follow Up
- Ongoing Advocacy Services Provided

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SEXUAL ASSAULT AND TRAUMA

What is Trauma?

Trauma is a Sensory Experience:

Event - Event(s) and circumstances cause trauma

Experience - An individual's EXPERIENCE of the event determines whether it is traumatic

Effects - Effects of trauma include adverse physical, social, emotional or spiritual consequences.

Trauma is...

- Any experience that leaves a person feeling hopeless, helpless, fearing for their survival or safety. This experience can be REAL or PERCEIVED.
- It is the individual's perspective that makes the experience traumatic...not OURS.

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Neurobiology of Trauma

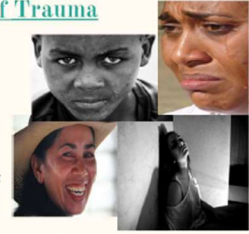
- Body's physiological responses to trauma
- Helps explain reactions and behaviors associated with traumatic experience
- Research by Dr. Rebecca Campbell, Ph.D. (MSU)



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Neurobiology of Trauma

- Neurobiological changes lead to:
 - Flat affect, "strange emotions," or emotional swings
 - i. Everyone reacts differently - all normal
 - ii. Physical, emotional, cognitive, behavioral
 - iii. Might last throughout a lifetime, to varying degrees of intensity, as healing from trauma is not a linear process yet spiral in healing
 - iv. Process reactions and normalize them



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Neurobiology of Trauma

- Neurobiological changes lead to (cont'd):
 - Difficulty with memory consolidation and recall
 - i. Fragmented, doesn't make sense
 - ii. Have patience, slow down and don't push
 - Tonic immobility
 - i. "Fight, flight or freeze"
 - ii. Increased self-blame and less help seeking; negative reactions from family/friends
 - iii. Normalize reactions



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Challenges

- Following protocol
- Knowing your role
- Connection with appropriate resources
- Desensitization
- Honoring survivor's choice



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QUESTIONS???

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Supplementary Material 2

Title: Wayne County SAFE brochure.



The image shows a brochure for Wayne County SAFE. It is divided into three main vertical sections. The left section contains the mission statement and a list of five clinic sites. The middle section features a large heading and a sub-heading, followed by a list of five clinic sites. The right section contains the organization's logo, a photograph of hands being held together, and contact information including the address, crisis pager, office and fax numbers, and the website.

WC SAFE
Mission Statement

WC SAFE inspires healing and empowerment for those affected by sexual violence through free and immediate comprehensive services; promotes public awareness; and advances social change.

By providing choices of these services in a confidential, non-judgmental atmosphere, with specially trained staff and at no cost to the patient – we focus on re-empowering survivors in order to begin healing process, and in addition, work to end Sexual Assault in community.

Healing has no timeline.
If you or someone you know has recently been sexually assaulted, or assaulted sometime in the past~
We can help.

We have 5 clinic sites to serve you:

Sinai-Grace Hospital
6071 W. Outer Drive Detroit, Michigan 48234 (NW corner of Schaefer and McNichols)

Detroit Receiving Hospital
4201 St. Antoine Detroit, Michigan 48201 (Near the I-94 / I-75 interchange)

St. John Hospital and Medical Center
22101 Moross
Detroit, MI 48236
(Between Little Mack and I-94)

Taylor
12701 Telegraph Road
Taylor, Michigan 48180
(Just south of Goddard Road and I-94)

Kids Talk
40 East Ferry St Detroit, MI
48202

**24-HR Crisis Line
(First Step)**
1-888-453-5900


WC SAFE
WAYNE COUNTY SEXUAL ASSAULT FORENSIC EXAMINER'S PROGRAM

WC SAFE
2727 Second Avenue,
Suite 300
Detroit, Michigan
48201

Crisis Pager:
313-430-8000

Office: 313-964-9701
Fax: 313-964-9706

WWW.WCSAFE.ORG

<i>WC SAFE SANE SERVICES</i>	<i>WCSAFE Counseling & Advocacy Program</i>	<i>Survivor Testimonials</i>
<p>All medical-forensic services are FREE and available 24 hours a days a week:</p>  <ul style="list-style-type: none"> <input type="checkbox"/> Immediate, comprehensive and compassionate care within the first 120 hours following sexual assault private and safe environment for your care <input type="checkbox"/> Highly trained staff in the specialty of Forensic Nursing <input type="checkbox"/> State of the art equipment for evidence collection and injury documentation <input type="checkbox"/> Medication for pregnancy and sexual transmitted diseases—prevention <input type="checkbox"/> Crisis intervention, counseling, and support 	<p><u>Crisis Intervention</u></p> <p>Specially trained advocates are available 24/7 to provide immediate crisis intervention and support at our clinic. Advocates will accompany the SANE Examiner to the clinic site and are available to provide immediate support, information, resources and referrals to their families. This may include on rights and options, including medical options, trauma response and common Advocates can also assist with safety emergency shelter.</p> <p><u>Counseling</u></p> <p>Counseling services at Wayne County SAFE are provided by a team of multifaceted professionals and are centered on empowerment and compassion toward survivors. Our specially trained staff provides both individual and group supportive counseling to survivors of sexual assault, as well as their supportive loved ones. All services provided by Wayne County SAFE are free and confidential.</p> <p><u>Advocacy</u></p> <p>Advocacy services may include assisting a survivor or their family with navigating government or community-based systems. This may include court accompaniment to court or to police department, assistance with filing Crime Victim Compensation claims, court accompaniment or assistance with obtaining a personal protection order.</p>	<p>"When you're at the bottom, there's no place to go, but up. I day, 7 was able to define rape and not sites. let rape define me with the help of WC SAFE" ~ Shalyn P.</p> <p>"I was that lonely saltine, in it's crumpled up survivors and sleeve. The one people are fearful of. Will it information be stale? Or crumble to pieces when and legal touched. Left on the back shelf, in a reactions. shadowed existence. WCSAFE accepted me planning and as an old friend. That comforting bowl of hot soup to heal from within. As a male survivor of sexual assault, WCSAFE continues to be compassionate, accepting, and go beyond any expectations I ever had in surviving. I am alive now, and not just a shell of a man." James L.</p> <p>"Thus far my experience with WCSAFE has been invaluable. My therapist gave me a sense of hope. I hadn't felt in years. My weekly counseling sessions gave me a fix and a focus to continue the rest of the week. I really appreciated the transportation services to and from WC SAFE. It was one less thing I didn't have to stress about. I also love the beautiful building and friendly staff that greets me when I walk in the door". - Rachel M.</p>
<p><small>This work is partially supported by Crime Victim Assistance Grant Awards CVA#21035-3V12 awarded to WC SAFE by the Michigan Crime Victim Services Commission, Michigan Department of Health and Human Services. The grant award of \$350,000 comes from Federal Crime Victims Fund, established by the Victims of Crime Act of 1984. The WC SAFE Program provides the required match by the use of volunteers, valued at \$80,000.</small></p>		

Supplementary Material 3

Title: Standardized Patient Guide.

The following supplemental material was provided to the standardized patient. The purpose of highlighted words was to emphasize to the standardized patients what would be important in terms of timeline or story.

Clinical Scenario:

Samantha Adams presents to the emergency department. Her vital signs are within the normal range. She says she was raped at a nightclub the night before.

Type of SP Case: Formative, Communication, Interpersonal, Counseling, Difficult Encounter (no physical exam)

Setting: Emergency Department

Case Overview: Samantha Adams is a 35-year-old female who presents to the emergency department after being raped by an ex-boyfriend the night before. The abuser had slipped the date rape drug into the patient's drink at a nightclub, and the patient remembers very little about the night. Throughout the day, she has been having recurrent flashbacks of her ex-boyfriend pinning her down and assaulting her, but she cannot recall any exact details about where and when the assault happened.

Samantha presents to the emergency department alone in significant distress and pain. She switches back and forth between isolation of affect (discussing the events without displaying emotion) and extreme sadness and guilt. She also admits she cannot remember hardly any details of the night besides her flashbacks and repeatedly asks the student doctor if it is her fault that she was assaulted.

Patient Name	Samantha Adams	History of Presenting Illness	Patient complains of: -vaginal pain upon waking up (9/10 in severity) (<i>What does the pain feel like? i.e. Throbbing, Sharp?</i>) -bruises on inner thigh -fear of pregnancy -fear of STI -panic attack this morning upon waking up -forgetfulness about the events of the night prior ***must ask student: -"what is a rape kit?" -"will you be performing the rape kit?" -"do I have to do a rape kit?" -"do I have to press charges?" No other medications or illnesses	
Demographics	Age: 35 Female Race: N/A			
Mood/Presentation	Sitting in chair with head down, arms folded in lap, shoulders hunched. Looks acutely distressed and in pain. Poor eye contact, minimal body movement. Limited spontaneous speech—must be prompted to answer questions—many of which are answered with "I'm not exactly sure what happened" or "I don't quite remember".			
Dress	Has not changed clothes since last night.		Opening Statement	"I am so scared. Who can help me?"
Employment	Teacher		Task	-demonstrate compassion, concern, and empathy -knows to call WC-SAFE -knows that a certified professional will perform the rape kit -mentions that the rape kit is time sensitive -tells patient they do not have to complete the rape kit or press charges if they choose not to -shows concern for patient's safety upon discharge
Home Life	Had been in an abusive relationship with her ex-boyfriend (the abuser), but has not been in a relationship since. (If asked: relationship ended one year ago.) No children Social drinking and smoking. No illicit drugs			

Supplementary Material 4

Title: Kalamazoo Essential Elements Communication Checklist.

In order for a student to receive an “excellent” rating, all bullet points must have been completed.

A. Builds a Relationship (includes the following):	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
<ul style="list-style-type: none"> · Greets and shows interest in patient as a person · Uses words that show care and concern throughout the interview · Uses tone, pace, eye contact, and posture that shows care and concern 					
B. Opens the Discussion (includes the following):					
<ul style="list-style-type: none"> · Allows patient to complete opening statement without interruption · Asks “Is there anything else?” to elicit full set of concerns · Explains and/or negotiates an agenda for the visit 					
C. Gathers Information (includes the following):					
<ul style="list-style-type: none"> · Begins with patient’s story using open-ended questions (e.g. “tell me about...) · Clarifies details as necessary with more specific or “yes/no questions” · Summarizes and gives patient opportunity to correct or add information · Transitions effectively to additional questions 					
D. Understands Patient’s Perspective (includes the following):					
<ul style="list-style-type: none"> · Asks about life events, circumstances, other people that might affect health · Elicits patient’s beliefs, concerns and expectations about illness and treatment · Responds explicitly to patient’s statements about ideas and feelings 					
E. Shares Information (includes the following):					
<ul style="list-style-type: none"> · Assesses patient’s understanding of problem and desire for more information · Explains using words that patient can understand · Checks for mutual understanding of treatment plan · Asks if patient has any questions 					
F. Reaches Agreement (if new/changed plan) (includes the following):					
<ul style="list-style-type: none"> · Includes patient in choices and decisions to the extent s/he desires · Asks about patients ability to follow diagnostic and/or treatment plans · Identifies additional resources as appropriate 					
G. Provides Closure (includes the following):					
<ul style="list-style-type: none"> · Asks if patient has questions, concerns or other issues · Summarizes/asks patient to summarize plans until next visit · Clarifies follow-up or contact arrangements · Acknowledges patient and closes interview 					

Supplementary Material 5

Title: WC-SAFE Sexual Assault and Trauma Informed Care Checklist.

In order to receive all six points, students had to complete each bullet point below.

Educated Response to Scenario (includes the following):	Included (Hit)	Not Included (Miss)
Knows to call WC-SAFE		
Knows that a certified professional will perform the rape kit		
Mentions that rape kit is time sensitive		
Informs patient that they do not have to complete rape kit or press charges if they choose not		
Offers counseling (social worker, rape counselor, or domestic violence counselor)		
Shows concern for patient's safety upon discharge		