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UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7079

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Medical Services  
**MANAGEMENT OF SEXUAL ASSAULT**

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- 1. HISTORY.** This is the first printing of this memorandum.
- 2. PURPOSE.** This memorandum establishes Raymond W. Bliss Army Health Center (RWBAHC) policy for timely comprehensive medical management of sexual assault victims and provides implementation guidance.
- 3. APPLICABILITY.** This publication pertains to all RWBAHC personnel who are directly or indirectly involved in the provision of care to victims of sexual assault.
- 4. REFERENCES.**
  - 4.1** AR 40-66, Medical Record Administration and Health Care Documentation.
  - 4.2** AR 195-5, Evidence Procedures.
  - 4.3** AR 600-20, Chapter 8, Army Command Policy.
  - 4.4** AR 608-18, The Army Family Advocacy Program.
  - 4.5** DoD Directive 6495.01 Sexual Assault Prevention and Response (SAPR) Program, OCT 05

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\*This memorandum supersedes MEDDAC MEMO 40-172, 15 September 2006

**4.6** DoD Directive 6025.18-R, "DoD Health Information Privacy Regulation," January 2003.

**4.7** Joint Commission on Accreditation of Healthcare Organizations Accreditation Manual for Hospitals, current edition.

**4.8** JTF-SAPR-009 Confidentiality Policy for Victims of Sexual Assault, MAR 05

**4.9** MEDCOM Regulation 40-36, Medical Facility Management of Sexual Assault

**4.10** Office of The Surgeon General Memorandum Sexual Assault Victims: Army Medical Department Sexual Assault Response Program

**4.11** Task Force Report on Sexual Assault Policies by the Acting Secretary of the Army, 27 MAY 04

**4.12** U.S. Department of Justice, Office on Violence Against Women, September 2004, Protocol for Sexual Assault Medical Forensic Examinations.

**5. EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are provided in appendix B.

## **6. RESPONSIBILITIES.**

**6.1** The Commander is responsible for establishing policy and providing guidance for the timely medical care for victims of sexual assault.

**6.1.1** In accordance with this publication, ensure that all patients who present to RWBAHC with an allegation of sexual assault receive a uniform standard of care which is monitored and tracked until the provision of health care related to the sexual assault is completed.

**6.1.2** Ensure that the RWBAHC's management of sexual assault victims is compassionate, sensitive, and not burdensome upon the patient.

**6.1.3** Ensure that all victims of sexual assault, upon initial encounter at RWBAHC, have access to examination by a provider trained in performing forensic examination and evidence collection. Forensic examinations for beneficiaries of RWBAHC will be provided by Sierra Vista Regional Health Center (SVRHC) staff through an established Memorandum of Agreement (MOA).

**6.1.4** Appoint SACP and SACC on orders.

**6.1.5** Ensure that a sexual assault clinical provider (SACP) manages each sexual assault patient's medical treatment.

**6.1.6** Ensure that initial and follow-up evaluations/treatments are clinically appropriate for each individual patient consistent with his/her clinical diagnosis.

**6.1.7** Ensure that all medical providers and RWBAHC personnel participate in annual sexual assault prevention and response training.

**6.1.8** Designate a representative to the Installation Sexual Assault Review Board.

**6.1.9** Ensure that each sexual assault victim is assigned to a SACP.

**6.1.10** Assign sexual assault care coordinators (SACC) to assist the SACP with the delivery of a uniformed standard of care.

**6.1.11** Ensure that resources are available to support the standards of practice outlined in this memorandum.

**6.1.12** Ensure that all clinical staff responds to allegations of sexual assault with sensitivity and compassion.

**6.1.13** Ensure and maintain collaborative, supportive relationships with relevant installation agencies that have vested interests in the sexual assault victim (e.g., Criminal Investigation Division (CID), SAPR Program, and the Judge Advocate General).

**6.2** The Deputy Commander for Clinical Services will--

**6.2.1** Ensure that appropriate RWBAHC clinical personnel are adequately trained in the standard of care for victims of sexual assault.

**6.2.2** Designate a sufficient number of privileged health care providers to be SACPs in order to ensure adequate, comprehensive continuity of care and management of sexual assault patients according to this publication.

**6.3** The Chief, Patient Administration Division (PAD) will--

**6.3.1** Ensure that reports and records of sexual assault patients are received and processed in an appropriate and timely manner.

**6.3.2** Maintain and manage a "Special Handling File" on sexual assault cases according to applicable regulations and maintain close coordination with clinical administrative staff on records management of sexual assault patients.

**6.3.3** Ensure that patients are identified with the appropriate International Classification of Disease (ICD-9) code and tracked by this code.

**6.3.4** Ensure release of records requested by the CID or civilian law enforcement agencies, in accordance with applicable regulations.

**6.4** The Chief, Social Work Service will--

**6.4.1** Ensure mental health follow-up care is provided to sexual assault victims, as needed. In the event that mental health resources are unavailable, the SACC will coordinate with SWS to facilitate mental health care within the community.

**6.4.2** Ensure social work follow-up care is provided to sexual assault victims as needed.

**6.5** The Sexual Assault Clinical Provider will--

**6.5.1** Be responsible for the primary medical management of all identified victims of sexual assault after completion of initial forensic examination to the completion of their health care related to the sexual assault.

**6.5.2** Ensure that the patient obtains comprehensive, timely, and appropriate medical care (including follow-up care) relevant to his/her medical conditions arising from the sexual assault incident. This includes, but is not limited to, specialty care and referrals, ancillary support services, and diagnostic testing.

**6.5.3** Coordinate and collaborate with the SACC, installation agencies (e.g., SAPR Program and CID), as needed.

**6.5.4** Be a fully privileged health care provider of RWBAHC medical staff, able to address the medical needs of sexual assault victims.

**6.5.5** Develop an individualized patient management care plan in collaboration with the patient and SACC.

**6.5.6** Document the patient's complete care and management according to the provisions of MEDCOM Regulation 40-36.

**6.6** The Sexual Assault Care Coordinator will--

**6.6.1** According to this publication, monitor and track the health care management of each identified victim of sexual assault who are identified as beneficiaries of RWBAHC.

- 6.6.2** Collaborate and coordinate with the SACP to ensure the patient's health care needs are addressed from his/her initial encounter until completion of all health care related to the sexual assault.
- 6.6.3** Collaborate and coordinate with Ft. Huachuca SARC/Victim Advocate to facilitate resolution of related issues.
- 6.6.4** Facilitate the timely completion of the patient's comprehensive individualized care plan in a timely manner to include supportive and responsive interaction with the patient.
- 6.6.5** Maintain the requisite RWBAHC Commander's database in order to manage sexual assault victims.
- 6.6.6** Be directly responsible to the RWBAHC commander.
- 6.6.7** Explain advocacy and counseling services and assess acute stress reaction.
- 6.6.8** As SAFE examinations are performed through an MOA with SVRHC, the SACC will coordinate with installation SARC/VA and identified SVRHC SAFE examiner to ensure the continuity of care for the patient.
- 6.7** All RWBAHC health care providers will--
- 6.7.1** Assess the victim's need for treatment of potentially life-threatening or serious injuries, administer necessary first aid, and request/obtain emergency medical assistance.
- 6.7.2** Address safety needs of the victim and call for assistance/backup, if needed.
- 6.7.3** Quickly assess the age, abilities, communication modality, and health condition of the victim and tailor response as appropriate (e.g., a language interpreter or child protective service worker).
- 6.7.4** Respond to requests for victim assistance as quickly as possible. Understand that a victim needs immediate assistance for many reasons: he/she may not be safe, may be physically injured, and/or is experiencing trauma. Be aware that time delays in response can cause loss of evidence and increase trauma.
- 6.7.5** If injuries do not appear medically serious, contact the SARC immediately and arrange for the patient to be transferred to SVRHC.

**6.7.6** Ensure timely interaction between the victim and SARC/VA as soon as possible after disclosure of the assault, even if the victim refuses medical care and refuses the medical forensic exam.

**6.7.7** Ensure preservation of evidence on the victim.

**6.7.8** RWBAHC personnel will care for patients in a nonjudgmental manner to establish a health care environment that is sensitive, compassionate, responsive, and supportive.

## **7. RESTRICTED REPORTING OPTION**

**7.1** Only Service Members may elect the restricted reporting option as directed by DoD Directive 6495.01.

**7.2** Restricted reporting allows a sexual assault victim to confidentially disclose details of his/her assault to a SARC, VA, Chaplain, or HCP and receive medical treatment and counseling without triggering an official investigative process. Any report of sexual assault to others negates the Service Member's right to the restricted reporting option.

**7.3** Only the SARC or VA may counsel the patient regarding the restricted reporting options. Therefore, immediate notification of the SARC is required to ensure Service Member access to the restricted reporting option.

**7.4** Regardless of whether the Service Member elects restricted or unrestricted reporting, confidentiality of medical information will be maintained in accordance with DoD policy.

**7.5** For purposes of public safety and command responsibility, the SARC will report non-identifying information to command officials within 24 hours of the incident.

## **8. NOTIFICATION OF SEXUAL ASSAULT RESPONDERS.**

**8.1** Sexually assaulted patients, with or without overt physical injury, will receive priority medical attention.

**8.2** Upon identification of a patient who states they have been a victim of sexual assault, the patient will be immediately escorted to a private location within RWBAHC to maximize his/her safety and privacy.

**8.2.1** If the victim is an adult, contact the installation SARC immediately. If the victim is a child, contact the MPs immediately (533-3000) who will contact the Arizona State Child Protective Agency. During duty hours, also notify Social Work Services in Behavioral Health.

**8.2.2** During duty hours, RWBAHC personnel will immediately notify the SACP and/or SACC to coordinate care of identified sexual assault victims.

**8.2.2.1** Sexual assault victims will be referred immediately to SVRHC ER for examination when the sexual assault occurred within 96 hours of the patient's presentation to RWBAHC.

**8.2.2.2** If the patient is identified greater than 96 hours after the sexual assault, forensic medical management will be as determined by the SACP. The sexual assault victim will be provided a same-day appointment with the SACP to assess and develop an individualized plan of care related to the sexual assault event. The SACP will collaborate with SAFE examiners at SVRHC as needed.

**8.2.3** Any patient identified as a victim of sexual assault should be transported in accordance with RWBAHC policy to SVRHC ER for forensic examination within 30 minutes.

**8.2.4** After duty hours, any patient identifying as a victim of sexual assault will be escorted to a safe, private location. The SARC on call will be notified immediately. If the SARC does not respond telephonically within 10 minutes, the MP Desk SGT (533-3000) will be notified that a sexual assault victim is present. No other information will be provided. The MP desk SGT will contact the on-call SARC/VA who will respond and provide direction. If medically stable, the patient will be directed to SVRHC ER. If patient is not medically stable, EMS system will be activated in accordance with RWBAHC policy.

**9. ACUTE CARE NEEDS.** Medical evaluation and treatment of acute injury, trauma care, and safety needs take precedence over the forensic examination. RWBAHC medical personnel have an affirmative responsibility to preserve forensic materials and evidence in conjunction with any and all administered medical care.

## **10. MEDICAL RECORDS.**

**10.1** The medical record is not part of evidence.

**10.2** SACPs and SACCs will document care in the treatment record (special handling file).

## **11. FOLLOW UP CARE.**

**11.1** The SARC/VA will provide the patient with the name and contact information, as well as date and time of a follow-up appointment with the SACP and SACC after the SAFE is complete and prior to release from SVRHC ER.

Initial follow-up appointment will be within 2 duty days of discharge from the SVRHC ER. The purpose of this follow up is to review tests performed at the SAFE, provide STI and other testing (if not performed at SAFE) and emergency contraception if indicated, assess and document emerging injuries, and assess for supportive mental health needs.

**11.2** The SACC and SACP will arrange for further follow up care. Follow up examination may include STI testing, immunizations, counseling, and/or treatment for positive cultures from the SAFE. Although patients may be reluctant to go for STI follow-up exams, such exams are essential because they provide an opportunity to detect new infections acquired during or after the assault, complete hepatitis B immunization, if indicated, and complete counseling and treatment for other STIs. STI examinations for all patients should be repeated according to current CDC guidelines. The CDC recommends a follow-up appointment within 1 to 2 weeks of the assault.

**11.3** Follow-up communication with patients by the SACC and SACP will be documented in the medical record.

## **12. COORDINATION AMONG RESPONDERS.**

### **12.1** The SACP.

**12.1.1** After the SAFE is completed (as applicable), the SACP will develop an individualized plan of care for the patient. The SACP will work in collaboration with the SACC and patient to schedule necessary appointments as indicated by the individualized plan of care. The SACP will ensure that the patient understands his/her right to confidentiality and nondisclosure and that he/she does not have to disclose the assault to additional providers in order to receive follow-up medical care.

**12.1.2** For patients with evidence of acute psychosocial trauma, a short-term follow-up appointment will be scheduled with Behavioral Health.

**12.1.3** A follow up physical exam will be scheduled 2 to 4 weeks later to document resolution of findings or healing of injuries. The SACP will coordinate with SVRHC SAFE provider to document new/emerging injuries/evidence.

**12.1.4** The SACP will explain/reinforce the patient's role and responsibilities in the continued care and management of his/her health care related to the sexual assault.

**12.1.5** During follow-up contacts, the SACP will reassess the patient's safety, offer support and crisis counseling, answer questions and provide additional referrals and information, and help coordinate other advocacy services and counseling based upon identified needs.

**12.1.6** The SACP will work in collaboration with the Installation SARC/Victim Advocacy Program.

## **12.2** The SACC.

**12.2.1** The SACC will monitor the provision of care for victims of sexual assault until the completion of care related to the sexual assault or up to 6 months at which time the plan will be reassessed by the SACP. Upon completion of all sexual assault related care, the SACP will document resolution and/or the need for the continuation of care related to the sexual assault.

**12.2.2** Personnel following up with patients should be advised about the case, confidentiality issues (restricted reporting option), and potential medical needs. Coordinate follow-up contact of involved agencies, keeping the number of responders to a minimum. Arrange for interpreters for non-English-speaking patients.

**12.2.3** Help patients plan for their safety and well being. Assist patients in developing a post-exam plan that addresses their physical safety and emotional well being.

**12.2.4** If patient is eligible for protective orders, provide information and help to obtain through Cochise County judicial system.

**12.2.5** Review and explain available supportive services, including the role of the Victim Advocacy Program in his/her health care. The SACC will explain/reinforce the patient's role and responsibilities in the continued care and management of his/her health care related to the sexual assault.

**12.2.6** During follow-up contacts, the SACC will reassess the patient's safety, offer support and crisis counseling, answer questions and provide additional referrals and information, and help coordinate other advocacy services and counseling based upon identified needs.

**12.2.7** The SACC will work in collaboration with the SACP and patient to schedule necessary appointments as indicated by the individualized plan of care.

**12.2.8** The SACC will work in collaboration with the Installation Victim Advocacy Program.

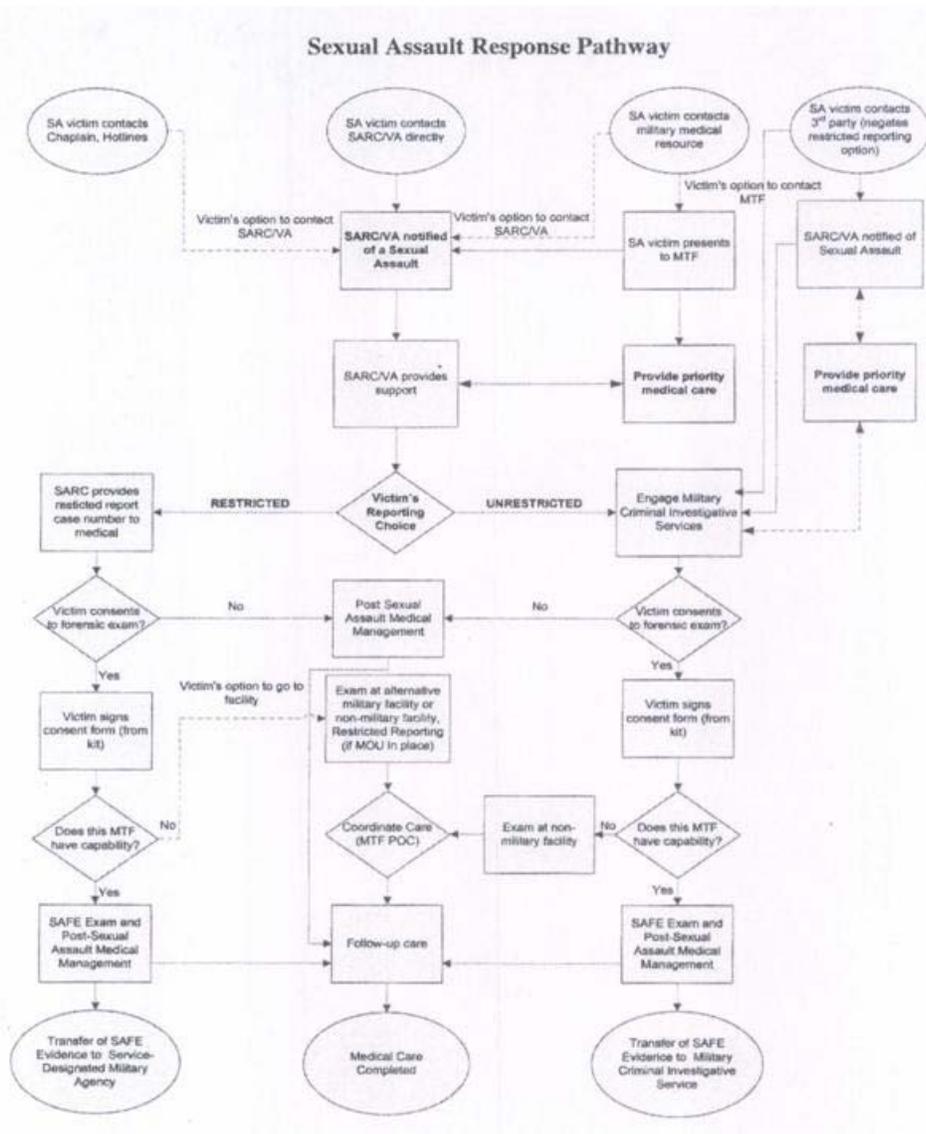
The proponent agency of this publication is the Deputy Commander for Clinical Services. Users are invited to send comments and/or suggested improvements to Commander, USAMEDDAC, ATTN: MCXJ-DCCS, Fort Huachuca, AZ 85613-7079.

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### APPENDIX A SEXUAL ASSAULT RESPONSE PATHWAY



## APPENDIX B GLOSSARY

### Abbreviations

|             |                                        |
|-------------|----------------------------------------|
| CID.....    | Criminal Investigation Division        |
| CDC.....    | Centers for Disease Control            |
| DoD .....   | Department of Defense                  |
| HCP .....   | Health Care Provider                   |
| HIV.....    | Human immunodeficiency virus           |
| MOA .....   | Memorandum of Agreement                |
| PAD.....    | Patient Administration Division        |
| SACC.....   | Sexual Assault Care Coordinator        |
| SACP.....   | Sexual Assault Clinical Provider       |
| SAFE .....  | Sexual Assault Forensic Examination    |
| SAPR .....  | Sexual Assault Prevention and Response |
| SARC .....  | Sexual Assault Response Coordinator    |
| SVRHC ..... | Sierra Vista Regional Health Center    |
| STI.....    | Sexually Transmitted Infection         |
| VA .....    | Victim Advocate                        |

### Terms

**Chain of custody.** Documented proof from initial receipt through final disposition of the transfer and safekeeping of identified articles between receipt and disposition to prevent tampering with or contamination of evidence (DA Form 4137).

**Confidential Reporting.** For the purposes of the SAPR program, confidential reporting is restricted reporting that allows a Service Member to report or disclose to specified officials (SARC/VA, Chaplain, or HCP) that he/she has been the victim of a sexual assault. This reporting option give the Service Member access to medical care, counseling, and victim advocacy, without requiring those specific officials to automatically report the assault to law enforcement or initiate an official investigation.

**Covered Communication.** Verbal, written, or electronic communications of personally identifiable information concerning a sexual assault victim or alleged assailant provided by the victim to the SARC, VA, Chaplain, or HCP.

**Evidence collection kit.** Contains devices used for collecting and preserving medical evidence in support of sexual assault investigations. It includes directional notes to the physician and investigator and the medical examination report with consent authorizations.

**First responder.** RWBAHC personnel who have initial contact or encounter with a victim of sexual assault.

**Health Care Provider.** RWBAHC personnel who provide direct patient care.

**Military treatment facility.** All United States Army Medical Centers, medical department activities, U.S. Army health clinics, troop medical clinics, and other health care facilities authorized to provide medical care.

**Restricted Reporting.** A process used by a Service Member to report or disclose that he/she is a victim of sexual assault to a SARC, VA, Chaplain, or HCP on a requested confidential basis. Under these circumstances, the victim's report and any personally identifying details provided to the specified officials will not be reported to law enforcement or command to initiate the official investigative process unless the victim consents or as required by Arizona State Statute.

**Service Member.** An active duty or National Guard or Reserve Service member performing active or inactive service (as defined in Section 101(d)(3), of Title 10, United States Code (reference (t))).

**Sexual assault responder.** Those personnel directly involved in the care and management of sexual assault victims, to include the SACP, the SACC, the forensic examiner, victim advocate, social worker, and others as deemed appropriate.

**Sexual Assault.** In accordance with MEDCOM Reg. 40-36 and DoD Directives, the term sexual assault is defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. It includes rape, nonconsensual sodomy (anal or oral), indecent assault (unwanted, inappropriate sexual contact or fondling), or attempts to commit these acts. Sexual assault can occur without regard to gender or spousal relationship or age of the victim. "Consent" shall not be deemed or construed to mean the failure by the victim to offer physical resistance. Consent is not given when a person uses force, threat of force, coercion, or when the victim is asleep, incapacitated, or unconscious.

**Sexual Assault Care Coordinator (SACC).** When available, a social worker (BSW or MSW) or nurse (LVN or RN), familiar with both sexual assault victim dynamics and medical treatment facility procedures. Knowledge of community resources related to services for sexual assault victims and their families is critical.

**Sexual Assault Clinical Provider (SACP).** A privileged health care provider (physician, nurse practitioner, or physician assistant) who has been designated by the Deputy Commander for Clinical Services to manage each sexual assault patient's medical treatment related to the sexual assault incident from initial presentation to completion of all follow-up visits.

**Sexual Assault Forensic Examination (SAFE).** The medical examination, care, and collection of relevant physical evidence in conjunction with supportive medical laboratory testing intended to establish a chain of evidence for legal and investigative purposes.

**Special handling file.** File maintained by PAD to safeguard the confidentiality of sensitive medical record information and to ensure its medicolegal integrity. This is the designation given to the outpatient medical record in order to ensure its integrity for possible use in legal proceedings.

**Unrestricted Reporting.** A process that a Service Member or military beneficiary uses to disclose, without confidentiality, that he/she is a victim of sexual assault. The victim's report and any details provided to a HCP are reportable to law enforcement and may be used to initiate the official investigative process.

**Victim.** A person who alleges direct physical, emotional, or pecuniary harm as a result of the commission of a sexual assault. The term encompasses all persons eligible to receive treatment in military treatment facilities.

**Victim Advocate (VA).** Military personnel, DoD civilian employees, DoD contractors, or volunteers who facilitate care for victims of sexual assault under Department of the Army and DoD regulations. The VA provides liaison assistance with other organizations and agencies on victim care matters and report directly to the SARC when performing victim advocacy duties.

## **CONTACT NUMBERS FOR SARC/VA DURING DUTY HOURS:**

(520) 533-3986 (Office) or (520)678-0321 or (520) 266-1427  
Both are cellular phones and are answered 24/7

## **AFTER DUTY HOURS:**

(520)678-0321 or (520) 266-1427  
Both are cellular phones and are answered 24/7

If no one answers any of the lines, call the MP Desk SGT at 533-3000 and state only the following:

A sexual assault victim is present at \_\_\_\_\_ location (RWBAHC, MMC, MISC). Please contact the SARC on call to respond to telephone number \_\_\_\_\_. No other information will be provided.

The MP desk SGT will contact the on-call SARC/VA who will respond and provide direction.