

NWT Guidelines for the Care of Survivors of Sexual Assault



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PREFACE

Sexual violence occurs in every community in the Northwest Territories. Northern territories have substantially higher rates of sexual offences and Statistics Canada (2013) indicates that the risk of sexual violence in the Northwest Territories is 6.5 times greater than the national average. Sexual assault is a crime under the *Criminal Code of Canada*. A sensitive and appropriate response from service providers is essential to recovery and healing when a survivor of sexual assault accesses services (Ontario Government, 2015).

Sexual assault is a deeply traumatizing and subjective experience. It takes immense courage for a survivor of sexual assault to come forward and disclose their experience. It is the health professional's duty to honour the survivor's trust, treat them with dignity and respect, address their concerns, and to support them through their traumatic experience. In addition, a health professional provides the survivor with the choice to complete a medical forensic examination, which can aid in the criminal investigation.

Each situation is different and it is important that the survivor's emotions and decisions are respected throughout this process. Every survivor will react differently but the most common emotions are powerlessness, hopelessness, isolation, and intense fear. Survivors may want to keep their experience private, as they may fear that:

- Family members, friends, and society will reject or blame them.
- They will bring shame to their families.
- Family members will seek revenge against the assailant.
- There are perceived consequences with reporting to law enforcement.
- Their cultural background could affect the way they are treated by responders.
- There will be repercussions from the assailant if they tell anyone.

Collaboration and consistency among service providers, while adhering to privacy and confidentiality, greatly enhances the ability to treat and support victims: these guidelines are primarily for healthcare providers but are also a useful reference for other professionals who work with sexual assault survivors. It is our hope that this document will help all NWT communities respond to sexual assault survivors in the most competent, compassionate, and understanding manner possible.

For questions regarding the *NWT Guidelines for the Care of Survivors of Sexual Assault* please email: nursing@gov.nt.ca.

INTRODUCTION

The *NWT Guidelines for the Care of Survivors of Sexual Assault* outline best practices on how to interact with, support, respond to, and provide appropriate follow up to individuals who have experienced ***sexual assault***¹.

These guidelines are intended for any ***healthcare professional*** working with ***sexual assault (SA) survivors*** in the Northwest Territories. A Registered Nurse (RN) with Sexual Assault Nurse examiner (SANE) training is preferred to be the designated primary ***healthcare professional*** working with the ***SA survivor***; however, the examination may be performed by another ***healthcare professional*** (e.g. MD, NP, CHN, or RN) – who is competent to provide the correct assessments, procedures, and treatments. This includes, but is not limited to, offering and providing the ***SA survivor*** with diagnostics, medical treatment, forensic examination, coordination of crisis interventions, and supports such as referrals to counselling and/or victims services.

SA Survivors can experience ongoing difficulties with their mental, physical, and emotional health. Mental health consequences can be chronic and severe and may include anxiety, depression, eating disorders, substance abuse, and other mental health problems. Physical health consequences can include personal injury, sexually transmitted infections (STIs) and unwanted pregnancy.

Undergoing a ***Sexual Assault Evidence Kit (SAEK)*** after a sexual assault can be a traumatic experience. However, keeping the ***SA Survivor's*** choice, safety, and well-being central to guiding decisions and interactions between the ***SA survivor, healthcare professionals*** and/or RCMP and/or ***Victim Services Provider***, the process can serve as a means of placing power and autonomy back into the hands of the ***SA Survivor*** and contribute to their journey of healing.

These guidelines include information relating to ***consent***, pediatric patients, appropriate medical assessments and treatment, forensic examination, printable algorithm for providing care to an ***SA survivor***, and printable appendices that can be given to the ***SA survivor*** upon discharge.

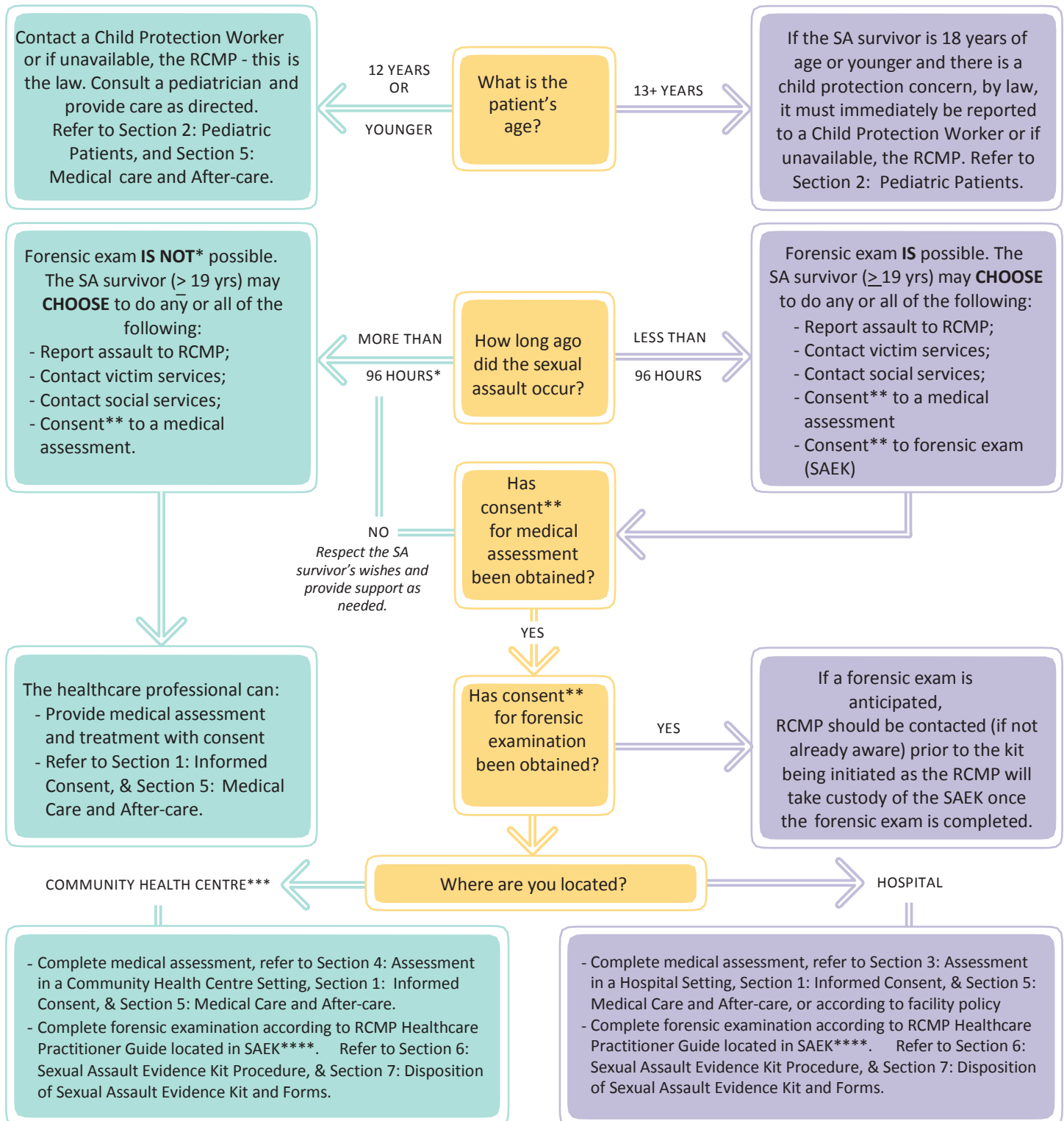
These guidelines provide ***healthcare professionals*** with the resources and direction to implement best practices and to standardize care provided to ***SA survivors*** in all NWT communities.

¹ Words or phrases in bold italic print are found in the ***Glossary of Terms***.

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ALGORITHM FOR THE CARE OF SURVIVORS OF SEXUAL ASSAULT

Individual presents with complaint of Sexual Assault (SA). Place SA survivor in safe area immediately and make every attempt to have the SA survivor tell their story only **ONCE** to the designated healthcare professional.



***96 hours** is when almost all DNA has deteriorated beyond viable collection. However consideration can be given on a case by case basis (rare), and upon consultation, for up to 7 days.

****Consent** for a medical examination and treatment is independent from the consent for a forensic examination. The consent form is located within the RCMP's Sexual Assault Evidence Kit (SAEK). **CONSENT MUST BE IN WRITING.**

******* If there is no community health centre, nurse in the community or resident RCMP to collect the kit, consult with Med Response and arrange for transport to most appropriate healthcare facility according to injuries sustained.

SECTION 1: INFORMED CONSENT

SA survivors have the right to choose to consent to:

- Medical examination and treatment.
- Receipt of social supports and services offered (e.g. victim services, counselling).
- Forensic examination (***SAEK***) - the evidence is collected and submitted to the RCMP.

**It is the decision of the *SA survivor* whether to pursue a criminal investigation.
Consent for a medical examination and treatment is independent from the
consent for a forensic examination.**

SA survivors may provide ***informed consent*** to either one or both examinations, and may change their mind or stop any part of the process at any time even after signing the consent form from the ***SAEK***. Obtain the ***informed consent*** of survivors as appropriate throughout the exam process, verbally and in writing. Understanding what will happen to the information collected from the medical and forensic exam (including STI testing) and the extent to which it may be protected is an important component of ***informed consent***.

Reactions to ***sexual assault*** vary widely, and it can be difficult for a ***SA survivor*** to make decisions at this time due to feelings of shock, fear or shame. Assure them that they have a right to change their mind at any time during the procedure(s), or may consent to part of the examination but defer or omit others. The examiner should be aware of verbal and nonverbal cues (e.g. nodding head in agreement and shaking head to refuse) from the survivor and adjust their methods of seeking consent to meet the survivor's needs.

SA survivors may feel unsure about involving the RCMP. They may need time to consider what they will do. Reassure them that you are there to provide support. ***Victim Services Providers***² provide information to assist the survivor in making decisions.

² **Note:** Recognize the importance of ***victim services*** within the exam process. The presence of family members or friends at a medical or forensic exam can be problematic for the survivor and not in their best interest: they may be less candid and experience more shame. Untrained support people may interrupt proceedings, ask inappropriate questions or influence or answer for the survivor. Additionally, anyone present at the exam can be called to court as a witness. In some cases, the support person may actually be the abuser.

When facilitating contact with another discipline (e.g. social work, police, or victim services) ensure that verbal consent is received from the **SA survivor**. Document this consent appropriately and only share the minimum of necessary information in accordance with the *Health Information Act*.

SA survivors have the right to decline procedures and treatments. Nurses can advise **SA survivors** on the impact that declining certain treatments may have on their health. A social worker, **Victim Service Provider**, or RCMP could advise the **SA survivor** on any impacts that declining procedures may have in relation to a criminal investigation.

Even after *informed consent* is obtained, the **SA survivor has the right to refuse any or all parts of a medical and/or forensic examination at any time. It is recommended to re-confirm consent and readiness with survivor before proceeding through each portion of exam.**

CONSENT to MEDICAL OR FORENSIC EXAMINATION

Consent is obtained from an **SA survivor** who is fully awake, able to understand what they are consenting to and able to sign the consent form.

In the NWT, there is no legislated age of consent for medical treatment; therefore, the concept of mature minor applies. This means a young person can choose whether or not to have assessment, forensic examination, or medical examination and treatment, regardless of their age, if they are able to understand the possible risks, consequences and benefits. Permission from parents is not required for minors if the **healthcare professional** believes the young person understands the information given to them and is **competent to consent**. However, in the NWT, the process for dealing with a survivor that is 12 years of age or younger requires involvement of a pediatrician and child protection. See *Section 2: Pediatric Patients* for further information. It is recommended to offer to contact a survivor chosen **advocate** to be with the young person (e.g. parent, guardian, friend, family member, **victim service provider**) to support them throughout the exam process.

IF A SA SURVIVOR IS NOT COMPETENT TO CONSENT

If a **SA survivor** is *temporarily* unable to give **informed consent** due to effects of injuries, medications, or chemical substances such as alcohol or drugs, a MD, NP, or Med Response should be consulted to determine best course of action. E.g., coordinate a medevac

according to most appropriate facility according to injuries sustained, monitor in hospital/health centre if it is within the scope of facility's level of care, release into care of someone responsible. Until that time, ensure clothing and any specimens are kept as per ***chain of custody***.

If there is question about the survivor's ***competence*** or ability to understand the risks and consequences of their actions, a MD, NP, or Med Response may be consulted to assist with a decision regarding ***capacity*** to make decisions or for coordination of a medevac as required. Every person is presumed capable unless a determination to the contrary has been made. The survivor may be unconscious or otherwise incapable due to a variety of permanent or temporary causes such as injury and trauma, dementia, intellectual disability, mental illness or the effect of psychoactive substances.

NOTE: The ***SAEK*** is a forensic examination and is not considered medical treatment; therefore ***consenting to medical assessment and treatment*** does not include ***consent for a forensic examination***. See [*Glossary of Terms*](#) for further information.

SECTION 2: PEDIATRIC PATIENTS

Only a pediatrician is permitted to perform a forensic examination on a child 12 years of age or younger.

For children 18 years of age or younger, if there is a suspected child protection/abuse concern, there is a legal responsibility to immediately contact a Child Protection Worker (CPW), and the RCMP (Child and Family Services Act, 2016; Criminal Code of Canada).

The RCMP must be notified if a sexual offence is suspected due to its criminal nature. If the sexual offence is suspected to be perpetrated by a parent/guardian/caregiver and/or it is suspected that a parent/guardian/caregiver have failed to protect the child from the sexual offence, a CPW must be notified to determine whether the information received in the report meets the criteria for a child or youth being in need of protection as per section 7(3) of the Child and Family Services Act (CFSA). If the information is consistent with section 7(3) of the CFSA, the CPW will notify the RCMP of the suspected sexual offence and conduct a joint investigation.

A parent, guardian or the child protection worker can provide written consent for both a medical examination and the forensic examination.

For care of patients' ≥ 13 years of age the medical exam may be performed by RNs, the forensic exam may be performed by RNs if upon consultation with a practitioner it is determined appropriate to do so.

Pediatric Patients (12 years of age or younger):

Every person has a legislated responsibility to protect children. Providing care to a child with a possible sexual assault can be difficult and unclear. These guidelines are intended to provide clarity to this process.

1. Ensure the child is safe.
2. Contact a Child Protection Worker and the RCMP, for children 18 years of age and younger (See Consideration for Providing Care section below for further information).
3. In order to preserve integrity of the investigation, the child should be in a separate room, not alone, but out of hearing distance, when the **healthcare professional** completes the exam. Only information (details) required to provide appropriate health care is obtained. (i.e. do not conduct detailed interview).

4. Perform a basic assessment on the child including identifying any obvious injuries and obtaining a set of vital signs. Basic questions about health can be asked, but no direct or probing questions should be asked of the child about what happened as this can seriously interfere with an investigation.
5. Do not ask the child any direct or leading questions about the SA as this is the responsibility of the Child Protection Worker and/or RCMP to question the child in this way.
6. Any spontaneous comments by the child should be recorded verbatim, also noting the child's behavior and emotional state.
7. The child may be asked general questions about how they feel, such as whether they have pain. Assess for pain using an appropriate pain scale (E.g. FACES Rating Scale, OUCHER scale, Numeric/Visual Pain rating scale, or if unable to communicate the r-FLACC scale). Document any indications of pain and/or discomfort such as facial grimacing, rocking or head-banging, guarding, biting him/herself, touching or rubbing certain areas of their body, twisting and turning, or arching of the back. Note any verbalizations about pain such as crying or moaning, or words that the child says e.g. it "hurts a little bit."
8. Depending on your location, provide adequate analgesia at the order of an MD/NP or in accordance with the *NWT Clinical Practice Guidelines for Primary Community Care Nursing* and the *NWT Health Centre Formulary*.
9. Record the time of the assault (forensic evidence can only be gathered within 96 hours and preferably within 24 hours) but do not ask for further details of the SA once it is divulged.
10. Contact the pediatrician through Med Response with details of the history and initial assessment. Only the pediatrician can determine IF, WHEN and by WHOM the forensic exam should take place. In most cases, if a forensic exam is required, this will be completed by a pediatric specialist in Yellowknife.
11. Identify, treat, and document all physical injuries: being observant of signs and symptoms that may indicate abuse such as difficulty sitting or walking, bruising and/or injuries at various stages of healing.
12. Provide a verbal report to the pediatrician, to the Child Protection Worker and the RCMP.
13. Your involvement with the case ends here, except at the specific request of the pediatrician, the Child Protection Worker or the RCMP or to facilitate transfer to Yellowknife for further examination as required.

Considerations for Providing Care:

- Once a disclosure has been made or enough information given so that you suspect *child abuse*, do not continue with questioning.
 - Refer to the *NWT Clinical Practice Guidelines for Primary Community Care Nursing* for management of a disclosure and for further information on assault or abuse.
 - STOP any assessments, exams and treatments and consult with the Child Protection Worker and the RCMP, before proceeding.
 - Maintain confidentiality.
- **Healthcare professionals** are required by legislation to report any suspected sexual assault to child protection services (or if unavailable, the RCMP) for children 18 years of age or younger (*Child and Family Services Act*, 2016).
- The list below reflects the *Criminal Code of Canada* where the following circumstances qualify as sexual assault and therefore must be reported:
 - Sexual activity of a child less than 12 years;
 - Sexual activity of a child 12 - 13 years old by someone more than 2 years older (**even if stated as consensual**);
 - Sexual activity of a child 14 - 15 years old by someone more than 5 years older (**even if stated as consensual**);
 - Sexual activity of a child under the age of majority (In the NWT, 18 years of age or younger) by a family member or person in authority (e.g. teacher, family friend, priest, coach, mentor); and
 - Until eighteen years of age, no one can consent to sexual activity if the other person is in a position of power, trust or authority over them, if they are in a relationship of dependency with that person or any other situation that is otherwise exploitive of a young person.

Duty to Report Protocol

The following list reflects Section 8 of the *NWT Child and Family Services Act* - Duty to Report protocol:

- anyone with information or the belief that a child is in need of protection must report this information to a Child Protection Worker without delay;
- this duty cannot be delegated to anyone;
- this duty is not overridden by any other Act or confidentiality; and
- there is no retribution for reporting in good faith.

For individuals ≥ 13 years of age, also refer to following chapters for direction.

SECTION 3: ASSESSMENT IN A HOSPITAL SETTING

- All SA survivors shall be triaged a Canadian Triage Acuity Scale 2 or 3 (according to injuries sustained), and placed in a safe waiting area immediately³.
- Obtain a full set of vital signs and identify obvious physical injuries. Record the time of the assault (**forensic evidence can only be gathered within 96 hours and preferably within 24 hours**) but **do not ask for further details** of the SA once it is divulged.
- The triage RN will designate an RN, preferably with SANE certification, to be responsible for the survivor and **chain of custody**. The designated person shall be familiar with the *NWT Guidelines for the Care of Survivors of Sexual Assault* and be competent to provide the correct assessments, procedures, and treatment. A second RN or other **healthcare professional** will be assigned to assist.
- The triage RN will notify the Emergency Department (ED) MD.
- The RCMP does not need to be involved at this stage unless a **Sexual Assault Evidence Kit (SAEK)** is not available at the hospital.
- Make the **SA survivor** as comfortable as possible.
 - Offer warm blankets.
 - Be supportive, non-judgmental, and compassionate so that the survivor experiences a feeling of control over the situation.
 - Ask whether the survivor would like someone to be with them, it is highly recommended that a chaperone or advocate be present. Offer to contact a Victim **Services Provider** or other support person.
- Acute medical needs take precedence over evidentiary needs. Survivors should avoid washing, changing clothes, urinating, defecating, smoking, drinking, or eating until initial evaluation by the **healthcare professional**, unless necessary for treating acute medical injuries. If survivors need to urinate prior to the arrival of the examiner, a way to limit the loss of evidence is to have the survivor collect the voided urine and refrain from wiping their anal/genital area. The urine should be retained maintaining **chain of custody** and can be used for alcohol and/or drug testing, sexually transmitted infection testing and/or pregnancy testing.
- Explain the options for consent, if not already done, and give them time to process before proceeding with the options they choose. Refer to *Section 1: Informed Consent*.

³ If a certified Sexual Assault Nurse Examiner (SANE) is present and the SA survivor is medically stable, the Sexual Assault Evidence Kit can be performed in an approved safe place in the hospital outside of the Emergency Department.

- Perform a medical assessment. Treat injuries according to facility procedures. Refer to *Section 5: Medical Care and After-Care* to provide **SA** diagnostics, medications and consults.
- Explain the options for a forensic examination; the **healthcare professional** administering the **SAEK** ideally does this. Ensure appropriate consents are discussed and signed by the **SA survivor** or designated substitute decision-maker prior to forensic examination.
- Contact the RCMP to deliver a **SAEK** if one is not available in the hospital.
- A designated RN supports the SANE or ED MD during completion of the **SAEK**.
- Further information on **chain of custody**, procedure, documentation and disbursement of forms can be located on *Section 6: Sexual Assault Evidence Kit Procedure* and *Section 7: Disposition of Sexual Assault Evidence Kit and Forms*.
- If the **SA survivor** does not want to proceed with a forensic examination, and has received all treatment according to *Section 5: Medical Care and After-Care*, sufficient questions must be asked by the designated **healthcare professional** to ascertain and plan for the SA survivor's safety. Be sure they have suitable attire, transportation and/or appropriate plan for safety to meet their needs. Offer the opportunity to shower and brush teeth before they leave.
- Provide information to SA survivor such as *Appendix I: Resources and Supports*.

CONSIDERATIONS FOR PROVIDING CARE:

- The survivor is not required and should not be encouraged to disclose details of the assault (who, where, etc.) as it may compromise subsequent criminal and/or child protection investigations. **Information about the SA should be gathered only to the extent necessary to inform and guide the exam.**
- Every effort should be made to have the **SA survivor** tell their story only **ONCE**, recognizing that should a criminal investigation ensue, they will be required to tell their story again, and possibly repeatedly.
- Be aware that victims of trauma may behave in ways that are confusing to themselves and others. Reactions will vary, but it is important to remain supportive and non-judgmental. Some examples of varied reactions are the survivor may show little emotion, feel increased self-blame, or have emotional responses that seem unusual given the circumstances, such as laughing or smiling while being questioned.
- Reassure the survivor that their recollection of events may return slowly and in fragments, and it is okay to return later if they remember something important they want to share

SECTION 4: ASSESSMENT IN A COMMUNITY HEALTH CENTRE SETTING

- All SA survivors shall be a priority and placed in a safe area immediately.
- Obtain a full set of vital signs and identify obvious physical injuries. Record the time of the assault (**forensic evidence can only be gathered within 96 hours and preferably within 24 hours**) but **do not ask for further details** of the SA once it is divulged.
- The CHN should be familiar with the *NWT Guidelines for the Care of Survivors of Sexual Assault* and be competent to provide the correct assessments, procedures, and treatment.
- The CHN will obtain assistance, ideally another CHN. If this is not possible, the CHN will call in an LPN, HCW, CHR, social worker or mental health counselor. In small communities, it is important to obtain the survivor's **consent** regarding who provides the assistance as they may know or be related.
- The RCMP does not need to be involved at this stage unless a ***Sexual Assault Evidence Kit (SAEK)*** is not available at the health centre.
- Make the **SA survivor** as comfortable as possible.
 - Offer warm blankets.
 - Be supportive, non-judgmental, and compassionate so that the survivor experiences a feeling of control over the situation.
 - Ask whether the survivor would like someone to be with them, it is highly recommended that a chaperone or ***advocate*** be present. Offer to contact a ***Victim Services Provider*** or other support person.
- Acute medical needs take precedence over evidentiary needs. Survivors should avoid washing, changing clothes, urinating, defecating, smoking, drinking, or eating until initial evaluation by the ***healthcare professional***, unless necessary for treating acute medical injuries. If survivors need to void prior to the arrival of the examiner, a way to limit the loss of evidence is to have the survivor collect the voided urine and refrain from wiping their anal/genital area. The urine should be retained maintaining ***chain of custody*** and can be used for alcohol and/or drug testing, sexually transmitted infection testing and/or pregnancy testing.
- If it is determined that the forensic and/or medical exam should take place in a regional healthcare facility or hospital, arrange for travel to the designated exam site minimizing time delays and ensuring protection of confidentiality, as much as possible.
- Explain the options for consent, if not already done, and give them time to consider before proceeding. Refer to *Section 1: Informed Consent*.

- Perform a medical assessment. Treat injuries according to *NWT Clinical Practice Guidelines for Primary Community Care Nursing*. Refer to *Section 5: Medical Care and After-Care* to provide SA diagnostics, medications and consults.
- Explain the options for a forensic examination; the **healthcare professional** administering the **SAEK** ideally does this. Ensure appropriate consents are discussed and signed by the **SA survivor** or designated substitute decision-maker prior to forensic examination.
- Contact the RCMP to deliver a **SAEK** if one is not available in the Health Centre.
- With consent, complete the forensic examination according to the *RCMP Healthcare Practitioner's Guide* located in the **SAEK**.
- Further information on **chain of custody**, procedure, documentation and disbursement of forms can be located on Section 6: Sexual Assault Evidence Kit Procedure and Section 7: Disposition of Sexual Assault Evidence Kit and Forms.
- If the **SA survivor** does not want to proceed with a forensic examination, and has received all treatment according to the *Section 5: Medical Care and After-Care*, sufficient questions must be asked by the designated **healthcare professional** to ascertain and plan for the SA survivor's safety. Be sure they have suitable attire, transportation and/or appropriate plan for safety to meet their needs. Offer the opportunity to shower and brush teeth before they leave.
- Provide information to SA survivor such as *Appendix I: Resources and Supports*.

CONSIDERATIONS FOR PROVIDING CARE:

- The survivor is not required and should not be encouraged to disclose details of the assault (who, where, etc.) as it may compromise subsequent criminal and/or child protection investigations. **Information about the SA should be gathered only to the extent necessary to inform and guide the exam.**
- Every effort should be made to have the **SA survivor** tell their story only **ONCE**, recognizing that should a criminal investigation ensue, they will be required to tell their story again, and possibly repeatedly.
- Be aware that victims of trauma may behave in ways that are confusing to themselves and others. Reactions will vary, but it is important to remain supportive and non-judgmental. Some examples of varied reactions are the survivor may show little emotion, feel increased self-blame, or have emotional responses that seem unusual given the circumstances, such as laughing or smiling while being questioned.
- Reassure the survivor that their recollection of events may return slowly and in fragments, and it is okay to return later if they remember something important they want to share.

SECTION 5: MEDICAL CARE AND AFTER-CARE

Medical care and after-care should be offered to all SA Survivors. This includes offering SA diagnostics, medications and consults.

If consent for forensic exam has been obtained, refer to instructions in the *RCMP Healthcare Practitioner's Guide* located in the **SAEK** and *Section 6: Sexual Assault Evidence Kit Procedure* and *Section 7: Disposition of Sexual Assault Evidence Kit and Forms*.

Be aware of and document evidence and injuries that may be pertinent to the **sexual assault**.

Follow standard universal precautions and mitigate risk of contamination of evidence.

Keep medical specimens separate from forensic specimens collected during the exam.

BE SURE THAT:

- The **SA survivor's** immediate needs are met and pressing issues (e.g., for treatment of injuries, crisis intervention and support, translation and interpretation, childcare during the exam process) are addressed before beginning.
- An **advocate**, family, or friend is present, if desired, to help survivors deal with the strong emotions they may be feeling when recalling experiences during the assault.
- You are mindful of the survivor's capacity to answer questions during a lengthy examination process, and take breaks as needed.

TO BE COMPLETED/OFFERED TO ALL SA SURVIVORS:

PAIN MANAGEMENT

- Assess for pain and treat pain accordingly.

HEALTH HISTORY

- Determine any pertinent health history from their chart that may affect care (e.g. known pregnancy or HIV infection).
- When obtaining history from the **SA survivor**, include open-ended questions such as, "Is there anything else you want to tell me?"

PHYSICAL EXAMINATION

- Note behavior and orientation, and condition of clothing.
- Vital signs to assess for signs of shock, infection, internal injury.
- Gently conduct examination with patience, confidentiality and respect autonomy.

- Record all physical findings (this includes observable or palpable tissue injuries and any foreign materials on body). If there is consent to the **SAEK**, document on the Traumagram form. Be observant for forms of physical trauma. Potential traumatic injuries should be palpated to assess for tenderness and induration.
- Document in the **SA survivor's** words their described experience.
- Specimens collected for medical purposes are processed according to normal health facility operations, while specimens collected for forensic analysis will be retained in the **SAEK** for forensic lab analysis.

DIAGNOSTICS

Offer the following baseline medical tests:

- If suspected **Drug Facilitated Sexual Assault**, collection of blood and urine⁴ for alcohol and/or drug testing should be immediately obtained according the *RCMP Healthcare Practitioner's Guide*.
- Pregnancy test (urine⁵) since this may alter decisions about contraception, medication or analgesia;
- Baseline serology for STIs including HIV, Hepatitis B and Hepatitis C, and Syphilis at time of exam;
 - Explain what occurs with the results of positive tests (e.g. mandatory reporting) and related follow up for STI testing.
- Other STIs such as Chlamydia, and Gonorrhea, (if an **SA survivor** receives prophylactic treatment for these, baseline testing is recommended but not necessary);
 - Explain what occurs with the results of positive tests (e.g. mandatory reporting) and related follow up for STI testing.
- X-rays if indicated medically.

⁴ If possible, the **SA survivor** should not void or defecate prior to the forensic exam as this may result in a potential loss of evidence. If not possible, a way to limit the loss of evidence is to have the survivor collect the voided urine and refrain from wiping their anal/genital area.

⁵ The urine should be collected and retained, maintaining **chain of custody**, for alcohol and/or drug testing (if required), STI testing and/or pregnancy testing.

PROPHYLACTIC MEDICATION

Compliance with follow-up visits can be challenging among SA survivors, therefore, routine prophylactic treatment after a sexual assault is recommended. For detailed information refer to the Public Health Agency of Canada's (PHAC) [Canadian Guidelines on Sexually Transmitted Infections: Specific Populations, Section 6 Specific Populations: Sexual Abuse](#). The following outlines medication and immunizations for consideration:

- **Emergency contraception** when the assault could potentially result in pregnancy. It can be dispensed up to 120 hours (5 days) post-assault, refer to the [NWT Clinical Practice Guidelines for Primary Community Care Nursing](#) and the [NWT Health Centre Formulary](#).
- A prophylactic antimicrobial regimen for **Chlamydia**, and **Gonorrhea** according to the [NWT Clinical Practice Guidelines for the Treatment of Uncomplicated Chlamydia and Gonorrhea](#) (patient may prefer to undergo Chlamydia and Gonorrhea testing before being treated);
- If suspected exposure to **Hepatitis B**, and the **SA survivor** has not been previously vaccinated, contact the office of the Chief Public Health Officer by telephone immediately and offer Hepatitis B Immune Globulin or vaccination according to the Hepatitis B flowchart located in the [NWT Infection Prevention and Control Manual](#) and the PHAC [Canadian Immunization Guide](#).
- **HIV prophylaxis** is individualized according to risk. If there is potential for high-risk HIV exposure, provide treatment in consultation with the Chief Public Health Officer before starting the chemoprophylaxis protocol. Ideally, the protocol would be initiated within 1-4 hours but may be up to 72 hours post-exposure. Refer to the [NWT Infection Prevention and Control Manual](#) and the [NWT Health Centre Formulary](#).
- **HPV vaccination** is recommended for susceptible male and female SA survivors between 9-26 years of age. If the **SA survivor** has not been previously vaccinated, the initial dose should be administered to survivors at the time of their initial examination, and follow-up doses should be administered according to the age and health of the survivor. For the most up-to-date follow up dosing recommendations, please see the [NWT Immunization Schedule](#) and follow the PHAC [Canadian Immunization Guide](#).
- Please **review vaccination history**, including a Tetanus-containing vaccine, and update according the current [NWT Immunization Schedule](#).
- If the SA survivor reports drug allergies, or if potential medication interactions exist, consult with a MD or NP prior to administering medication.
- SA survivors should be counseled regarding symptoms of STIs and the need for immediate examination if symptoms occur. Further, they should be instructed to abstain from unprotected sexual intercourse until STI prophylactic treatment is completed or 7 days after treatment with a single dose prophylactic treatment.

CHART

- Note in the **SA survivor's** medical chart what investigations and treatments the client has accepted.
- Document if any investigations and treatments are refused.
- If forensic examination (**SAEK**) was completed refer to this document in the medical chart.

CONSULTS AND FOLLOW UP

- PSYCHOLOGICAL
 - Need for acute counseling should be assessed and referral to NWT Helpline can be offered. It is recommended to ensure a support person can be with the survivor, and to screen for safety and suicide risk pre-discharge. See *Appendix I*.
 - Support and counseling to **SA survivors** to focus on providing options and information about services and the impacts of **sexual assault** so that the survivor can make informed choices.
 - **SA survivors** should be referred for ongoing counselling through community counselling or victim services.
 - Provide pertinent written literature and appropriate resource list. See *Appendix I* for a list of local resources and supports.
- MEDICAL
 - Consult with MD, specialist, or Med Response as medically required.
 - Follow up at Community Health Centre, or with MD or NP in one to two weeks unless earlier follow up is indicated.
 - At follow up visits discuss and/or provide the following:
 - Tests or treatments which were refused earlier;
 - A repeat pregnancy test if the patient has not had any bleeding within three weeks of emergency contraception;
 - Re-assessment of any injuries-note evidence of healing;
 - Assess and treat pain;
 - Review of test results and monitoring for adverse reactions to any prescribed medication regimens; and,
 - Review STI test results with the client at six weeks and consider further follow up at three months, and six months after the initial test. Specific testing intervals can be referenced in PHAC, *Canadian Guidelines on Sexually Transmitted Infections*.

DISCHARGE

- Address the physical comfort needs of survivors prior to discharge. For example, provide them with the opportunity to wash in privacy (a shower if possible), brush teeth, change clothes (clean replacement clothing should be available); get food and/or a beverage, and make needed phone calls. They may also require assistance to obtain transportation from the exam site to their home or another location.
- Provide **SA survivors** with oral and written medical discharge instructions. Include a summary of the exam (e.g., evidence collected, tests conducted, medication prescribed or provided, information provided, and treatment received), medication doses to be taken, follow-up appointments needed or scheduled, and referrals (See *Appendix II*). The discharge instructions should also include contact information and hours of operation for local support and advocacy services (See *Appendix I*).
- Advise them that the emotional impact of the assault may not be felt for days, weeks or even months later and may become evident as anxiety, outbursts of anger/rage, nightmares or flashbacks, difficulty sleeping, depression or suicidal thoughts/ideation. Encourage them to attend counseling.

SECTION 6: SEXUAL ASSAULT EVIDENCE KIT PROCEDURE

For patients 18 years of age and younger refer to *Section 2: Pediatric Patients*.

For 12 years of age and younger the forensic examination must be completed by a pediatrician.

SEXUAL ASSAULT EVIDENCE KIT – What is it?

A sealed **SAEK** is provided by the RCMP. Communities that have resident RCMP members, and designated **healthcare professionals**, should have at least one **SAEK** available and ready for use in their hospital and/or health centre.

The **SAEK** is used to document the collection of physical evidence that may assist in the investigation of a **sexual assault**. Biological specimens recovered from the **SA survivor** can be extremely important in some **sexual assault** cases, for instance when the identity of the perpetrator is in question, or the issue of what sexual acts took place.

Note: Absence of physical trauma or of semen does not mean that the person was not sexually assaulted and a **SA survivor** can still choose to have forensic examination.

The **SAEK** contains detailed procedural instructions together with the required forms and most supplies. *Appendix III* is a checklist of additional items necessary to provide the forensic exam: most of these additional items are available in any hospital or health centre but it is recommended that these items are collected in advance since **once the examination starts you cannot leave the room**. Refer to the **Chain of Custody** section below.

All evidence obtained with the **SAEK** is subject to **disclosure** and may be made available to the defense.

SEXUAL ASSAULT EVIDENCE KIT- How to use it?

The **SAEK** is carried out by a **healthcare professional** including a certified Sexual Assault Nurse Examiner (SANE), MD, NP, or CHN who is familiar with these guidelines.

If no Community Health Centre, nurse in community or resident RCMP to collect the kit, consult with Med Response and arrange for transport to most appropriate healthcare facility according to injuries sustained.

The **SAEK** should be stored in a secure area that would limit the amount of accessibility to prevent tampering or anything that could compromise its integrity. Before opening the sealed kit, ensure the kit is not expired. If the kit is expired, use an alternate kit.

Forensic evidence collected with the **SAEK** is best collected as soon as possible after the sexual assault occurs, however it can be collected up to 96 hours⁶ after the **sexual assault**.

The **SAEK** contains a user guide to direct the process of collecting forensic information with the kit. Please follow the *RCMP Healthcare Practitioner's Guide*.

A **SA survivor** should be examined medically before a **SAEK** is administered to ensure they receive urgent medical attention prior to evidence collection; however, the **SA survivor** may choose to do the forensic examination first or at the same time as the medical exam.

DO NOT OPEN THE SAEK UNTIL THE SA SURVIVOR HAS MADE AN INFORMED DECISION AND WRITTEN CONSENT IS RECEIVED FOR A FORENSIC EXAMINATION.

A **SA survivor** must be made aware that the **SAEK** can only be stored with the RCMP, which requires a file be opened. This should not discourage a forensic exam.

A **SA survivor** may request a friend, family member, **advocate** or **Victim Services Provider** to be present during assessment, medical examination and/or forensic examination.

Reactions to **sexual assault** vary widely and the examination may be difficult for the survivor therefore it may be necessary to defer or omit part(s) of the examination.

The RCMP does not need to be present or even notified before the kit is used; however, it is recommended that the RCMP are contacted in advance of using the **SAEK** to coordinate hand over to maintain **chain of custody**. RCMP does not need to be involved in a case in order for a **SA survivor** to receive medical care and after care. The RCMP is NOT in the room during a forensic examination, even if the SA Survivor is under arrest.

The RCMP does not enter the examination room unless the survivor has consented to having photographs taken of specific injuries: photographs are taken by the RCMP, NOT by the **healthcare professional**.

A SA SURVIVOR HAS THE RIGHT TO STOP THE FORENSIC EXAMINATION AT ANY POINT AND MAY CHANGE HIS OR HER MIND BEFORE, DURING OR AFTER THE EXAMINATION.

⁶ 96 hours is when most DNA has deteriorated beyond viable collection. However consideration can be given on a case by case basis (rare), upon consultation, for up to 7 days.

SEXUAL ASSAULT EVIDENCE KIT- What to do after it is completed?

The **SA survivor** has the sole ability to determine what process occurs. A **SA survivor** cannot take custody of the **SAEK** themselves but does have the right to:

- permit the **SAEK** to be signed over to the RCMP but decide not to proceed with a criminal investigation,
- permit the **SAEK** to be signed over to the RCMP and proceed with a criminal investigation, or
- request that the **SAEK** be destroyed.

The *RCMP Healthcare Practitioner's Guide* provides direction to store the **SAEK** in the healthcare facility, however, the Department of Health and Social Services recommends that this is **NOT** possible for the NWT. The RCMP must take custody of the kit and store it until such a time that the survivor decides to pursue charges or not.

CHAIN OF CUSTODY

The **SAEK** must have an intact seal before the **healthcare professional** opens the kit. If the seal has been broken, the kit cannot be used. Once the seal is broken on the kit, the **healthcare professional** **MUST remain with the kit at all times** to ensure the continuity of the physical evidence. If the chain is broken, the evidence may not be permissible in court.

The RCMP officer may remain outside the examination room ready to receive the forensic evidence once the physical examination is completed.

It is essential that the **healthcare professional** maintains the chain of custody of evidence until handover to RCMP. Give the RCMP forms directly to the RCMP officer who collects the **SAEK**. The RCMP will accept custody of the SAEK by signing for the individual items.

The examiner must ensure that:

- All forms are properly filled out, labeled and legible.
- Each forensic item or container is labeled with the forensic kit reference label showing date and time and initialed by the examiner.
- Copies of the healthcare facility paperwork intended for the **SA survivor's** chart are sealed inside an envelope and labeled according to *Section 7: Disposition of the Sexual Assault Evidence Kit and Forms*.

- Clothing evidence is identified by enclosed labels placed on the paper collection bags; paper collection bags are then placed in the large black plastic bag provided in the kit.
- Unused kit items, labels, seals and stickers are discarded.
- The **SA survivor** must sign the **SAEK** Consent Form to release the **SAEK** to the RCMP; otherwise the RCMP require a search warrant to obtain the evidence.
- The SAEK and clothing evidence bag is not sealed until inventoried and initialed by the RCMP during the hand over following **chain of custody**.
- There is appropriate SOAP documentation in the **SA survivors'** medical chart that references that an SAEK has been completed.

Ideally, an RCMP officer is available to immediately accept evidence directly from the **healthcare professional**.

SECTION 7: DISPOSITION OF SEXUAL ASSAULT EVIDENCE KIT & FORMS

Sexual Assault Evidence Kit (SAEK):

The *healthcare professional* must have custody of the physical evidence from when the kit is opened to signing over to the RCMP. Refer to the *Glossary of Terms* and *Section 6: Sexual Assault Evidence Kit Procedure* for more information on ***chain of custody***.

Document the transfer of the SAEK from the ***healthcare professional*** to the RCMP Officer on the SAEK Forensic Evidence Record Form to ensure continuity of the ***chain of custody***.

Note: Forensic information is only documented on the SAEK forms. Information such as medical assessments, treatment and testing (e.g. STI) and a notation referencing that an SAEK kit has been completed is to be documented in the ***SA survivor's*** medical chart.

SAEK Forms:

Each of the forms from the SAEK identifies the copies of completed forms for disbursement.

Before the SAEK is signed over to the RCMP, ensure that all disbursement of paperwork is correct:

- Forensic Laboratory Copy – STAYS IN KIT
- RCMP Copy– Give to RCMP Officer
- Healthcare Facility Copy - Place in envelope provided. The envelope should be sealed and signed as follows:
 - SA survivor's initials and date-of-birth,
 - SAEK kit reference number,
 - Write, "SA paperwork enclosed" onto the envelope, and
 - Initial over the sealed closure.
- The completed Healthcare Facility SAEK forms within the sealed envelope should be maintained **separately** from the ***SA survivor's*** medical chart to restrict disclosure of unrelated information and preserve confidentiality.
- This sealed envelope is to be stored at the healthcare facility, where the exam was performed, in a locked and secure area (e.g. limiting the number of people who have access to it) or according to facility policy.

GLOSSARY OF TERMS

ADVOCATE: a trained person who supports the individual client, with the aim of empowering them and linking them to community services such as shelters or emergency housing. They may provide legal, housing and financial advice, and facilitate access to community resources such as counselling, ongoing support, and provision of safety planning advice. Also, see *Victim Service Provider*.

CHAIN OF CUSTODY: The movement and location of physical evidence from the time it is collected until the time it is presented in court. Proper documentation of the continuity of forensic evidence can avoid allegations in court of tampering or misconduct, those of which, can ultimately compromise a case. Refer to *Section 6: Sexual Assault Evidence Kit Procedure* for further information.

CHILD ABUSE: The maltreatment or neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill treatment, sexual abuse, neglect, negligence, and commercial or other exploitation that results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power. Exposure to intimate partner violence is also sometimes included as a form of child abuse or neglect (World Health Organization, 2016).

CONSENT: Consent means having the *capacity* and *competency* to give permission, through words or actions, for something to happen. For the purposes of these guidelines, *consent* is discussed in the context of *age of consent for sexual activity* and *informed consent* relating to *medical treatment* and *forensic examination*.

CAPACITY TO CONSENT: A person is capable of consenting to treatment when the person is able to understand the information relevant to making a decision about the treatment AND able to appreciate the reasonably foreseeable consequences of their decision. Capacity is determined by the *healthcare professional* and can be lost transiently (e.g. from the effects of drugs or alcohol).

COMPETENCY TO CONSENT: being capable, qualified or having the necessary *legal capacity* and *mental capacity* or authority to make decisions independently. To perceive, remember and communicate situations that have occurred.

AGE OF CONSENT FOR SEXUAL ACTIVITY: According to the *Criminal Code of Canada*, consent to sexual activity is based on their age and the age of their partner (applies to both boys and girls):

Under age 12	No consent is possible
12 to 13 years old	You can consent to sexual activity IF your partner is less than two years older than you.
14 to 15 years old	You can consent to sexual activity IF your partner is less than five years older than you.
16-18 years old	You can consent to sexual activity with anyone older than you <u>unless</u> the person is in a position of power, trust or authority over you or if you are in a relationship of dependency on that person.

Refer to *Section 2: Pediatric Patients* for more information.

INFORMED CONSENT: A process for getting permission before conducting a healthcare intervention on a person (e.g. the survivor understands whether particular examinations are for medical or evidentiary purposes, what the procedure entails, possible side effects, limits of confidentiality, reportable diseases etc.

INFORMED CONSENT FOR MEDICAL TREATMENT: In the NWT, there is no legislated age of consent to medical treatment; therefore the concept of mature minor applies. This means a person can choose to have medical treatment, regardless of their age, if they are able to understand the information about the treatment, including possible risks and consequences. Refer to *Section 1: Informed Consent*.

INFORMED CONSENT FOR FORENSIC EXAMINATION: A forensic examination can start only WHEN the ***sexual assault survivor*** is fully awake and able to converse and wants to proceed. Refer to *Section 1: Informed Consent*.

DISCLOSURE: In the context of criminal proceedings, it is a copy of the evidence that the Crown and the Royal Canadian Mounted Police (RCMP) have collected to prosecute a case.

HEALTHCARE PROFESSIONAL: For the purposes of these guidelines, ***healthcare professionals*** referenced throughout this document include:

- Registered Nurses (RN) with Sexual Assault Nurse Examiner (SANE) training,
- Physicians (MD),
- Nurse Practitioners (NP), or
- Community Health Nurses (CHN)

INTIMATE PARTNER (IPV)/FAMILY VIOLENCE: Abusive and coercive behavior used to control an intimate partner such as a spouse, boyfriend/girlfriend, or former spouse. The NWT has the second highest rate of IPV in Canada (Statistics Canada, 2013). Abusers use coercion, threats, and intimidation; emotional, physical, and sexual abuse; economic manipulation; use of privilege; use of children and pets; isolation of victims; minimization and denial of violence; and blaming victims for violence. The violence typically escalates over time. Response to sexual assault occurring within a domestic violence context requires understanding of the overlapping dynamics of sexual assault and domestic violence, the complex needs of victims, the potential dangerousness of offenders, and the resources available for victims.

LEGAL CAPACITY: A person is competent to look after their own legal affairs.

MENTAL CAPACITY: The ability to understand and appreciate the nature and consequences of your decisions.

SEXUAL ASSAULT (SA), ADULT: Any type of sexual contact without **consent** (Government of the Northwest Territories, 2016b). It can include kissing, touching, grabbing, oral sex, vaginal sex, anal sex, incest and/or masturbation, or other unwanted sexual touching or activity. Sexual Assault is a crime under the *Criminal Code of Canada*.

SEXUAL ASSAULT (SA), PEDIATRIC: Any type of sexual contact (e.g. touching, exploitation, intercourse) directed at a child. This includes any touching, directly or indirectly, or invitation to touching of a sexual nature which violates the sexual integrity of the child. If there is any suspicion of violation in children 18 years of age or younger, there is a legal requirement to report to the RCMP and/or child protection services (*NWT Child and Family Services Act*, 2016) and recommended to consult with pediatric services. See *Section 2: Pediatric Patients*.

SEXUAL ASSAULT, DRUG FACILITATED (DFSA): any sexual assault where alcohol and/or drugs affect the victim's ability to give informed consent. DFSA includes unknown and known drink spiking or consumption of drugs and/or alcohol.

SEXUAL ASSAULT EVIDENCE KIT (SAEK): A kit provided by the RCMP for **healthcare professionals** to document the collection of physical evidence that may assist in a criminal investigation. It includes:

- Supplies for collecting, labeling and storing evidence collected from the survivor;
- Instructions on packaging and documenting evidence; and the
- Procedure for collection of evidence along with maintaining **chain of custody** and appropriate storage.

SEXUAL ASSAULT SURVIVOR (SA SURVIVOR): A positive term recognizing the strength required to live with an experience of sexual assault. Though survivors had no control over the assault, they do have options in their response and must be actively involved in the process of reclaiming their personal power.

VICTIM SERVICE PROVIDER: The NWT Department of Justice- Community Justice and Policing Division offers services to victims and their significant others that can assist you in dealing with the emotional and physical consequences of crime, and the associated justice process and support during, and following the exam process⁷. These services can be accessed 24/7 and may include support, crisis intervention, information and referrals, interpretation, and advocacy to ensure those victims' interests are represented, their wishes respected, and their rights upheld. In addition, *advocates* and other victim service providers may provide follow-up services, such as support groups, counseling, accompaniment to related appointments, and legal advocacy to help meet the needs of victims, their families, and friends. For more information on NWT victim services contacts please visit: <https://www.justice.gov.nt.ca/en/victim-services-contacts/>

⁷ **Note:** Recognize the importance of *victim services* within the exam process. The presence of family members or friends at a medical or forensic exam can be problematic for the survivor and not in their best interest: they may be less candid and experience more shame. Untrained support people may interrupt proceedings, ask inappropriate questions or influence or answer for the survivor. Additionally, anyone present at the exam can be called to court as a witness. In some cases, the support person may actually be the abuser.

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APPENDIX I

RESOURCES AND SUPPORTS

People who experience sexual assault and/or family violence can get help from a social worker, counsellor, victim service provider, family violence shelters as well as RCMP, lawyers, and supportive friends or family.



If you do not want to seek support from others at this time and are returning to a potentially abusive situation, make a plan for your safety:

- Identify a place within your home from which you are more likely be able to escape in an emergency, for instance a room with a window you could break and/or climb out.
- Disclose your situation to a trusted friend or neighbor and agree on a signal for help such as a code word or phrase to use on the phone, flashing a light on and off, or hanging an item in the window.
- Practice an escape route for sneaking away.
- Have an “escape pack” ready and stored in an accessible place (outside the home) where the abuser won’t find it.
- Look at the resources listed below and consider some other options for the future:

An escape pack could include money, debit card and/or credit card, healthcare card, driver license and/or ID, keys, a list of phone numbers and addresses for people who can help you, important papers (divorce, protection order, custody order), a change of clothes, prescriptions and

Crisis Line (YWCA): Toll-free: 1-866-223-7775 or Yellowknife: (867) 873-8257

NWT Help Line: Available 24/7 free and confidential. Call toll-free: 1-800-661-0844

First Nations and Inuit Hope for Wellness Help Line: 1-855-242-3310

RCMP: Available 24/7. To contact, dial the local prefix (first three numbers) plus 1111.

- **Emergency Protection Order (EPO)**: For advice on an EPO call the **Crisis Line (YWCA)** or the local RCMP detachment.

Social Services: For community contact information call your regional centre (chart on next page) or access this information online at: <http://www.hss.gov.nt.ca/social-services/family-violence/contact-us-family-violence-assistance/family-violence-services-women>

Social Services (regional):

NWT Region	Regional Centre	Phone Number	Afterhours Number
Yellowknife	Yellowknife	(867) 873-7276	(867) 445-1092
Beaufort Delta	Inuvik	(867) 777-8101	(867) 678-0568
Sahtu	Norman Wells	(867) 587-3650	1-877-415-6735
Tlicho	Behchokò	(867) 392-3005	(867) 371-3336
Dehcho	Fort Simpson	(867) 695-2293	(867) 695-2293
Fort Smith	Fort Smith	(867) 872-6300	(867) 621-1122
Hay River	Hay River	(867) 874-7213	(867) 874-2696

Victim Services Providers:

Each NWT Health and Social Services region has some access to Victim Services; however, if there is no local Victim Services program in your community, you may call the Community Justice and Policing division for a referral.

Their contact number is (867) 767-9261 and they do accept collect calls.

Further contact information for individual communities can be accessed at the following link: <https://www.justice.gov.nt.ca/en/victim-services-contacts/>

Family violence shelters and services for women: <http://www.hss.gov.nt.ca/social-services/family-violence/contact-us-family-violence-assistance/family-violence-services-women>

Designated shelters for women and children:

Community	Name of Shelter	Phone Number (Call Toll Free or Collect)
Yellowknife	Alison McAteer House	(867) 873-8257 or 1-866-223-7775
Inuvik	Inuvik Transition House	(867) 777-3877 (collect)
Tuktoyaktuk	Aimanyunga Women and Emergency Foster Care Shelter	(867) 977-2000 (collect)
Fort Smith	Sutherland House	(867) 872-4133 or 1-877-872-5924
Hay River	Family Support Centre	(867) 874-6626 or (867) 874-3311

Lawyers: who work in mediation and family law and could help resolve disputes with a spouse, contact the Law Society of the Northwest Territories (867) 873-3828.

Legal Aid: (867)767-9361 or toll-free 1-844-835-8050 for assistance in NWT communities

Department of Justice: Help book on sexual assault in NWT: *Sexual Assault: A help book for teens in the Northwest Territories*. Available at <https://www.justice.gov.nt.ca/en/files/victim-services/Teen%20Sexual%20Assault%20book%202016.pdf>

Health and Social Services System Navigator: Help with accessing services provided by the NWT health and social services system. For further information contact: 1-855-846-9601.

YWCA: has published books about sexual assault and family violence and local resources for NWT communities. Further information or support can be accessed online at: <https://www.ywcanwt.ca/>; 24/7 crisis line is available whenever you need us: **1-866-223-7775**.

APPENDIX II

DISCHARGE INSTRUCTIONS



The following summarizes the care provided and suggested follow up.

Tests Conducted and/or Treatment received:

Medication Prescribed or Provided and the Doses to be taken:

Follow-up Appointments needed or scheduled:

Referrals:

Other Information Provided:

APPENDIX III

CHECKLIST OF ADDITIONAL SUPPLIES FOR ADMINISTRATION OF THE SEXUAL ASSAULT EVIDENCE KIT

The supplies listed below are in addition to what is supplied in the kit and may be needed to administer the *Sexual Assault Evidence Kit* (SAEK).

SUPPLIES TO ADMINISTER THE SAEK	
<u>Sealed</u> RCMP SAEK (check expiration date)	Sterile Water ⁸
Two ground sheets	Sterile scissors
Speculum in two sizes	Sterile tweezers
Speculum light	Phlebotomy equipment
Non-sterile gloves (to be changed frequently during exam)	Quick-dry individually-wrapped cotton tip swabs, or Red-top C&S swabs
Toulidine Blue Dye ⁹	Urine specimen container(s)
Woods Lamp or alternate light source ¹⁰	Fingernail scrapings collector (clean nail clippers or suture removal kit may be used)
Warm blankets (1-2)	2-3 large brown paper bags

Recommendations

This list can be copied and posted for use to avoid delay of SAEK administration, and decrease risk of *chain of custody* disruption.

Create an “Extras Kit” to be stored with the SAEK to expedite gathering of needed items.

- Smaller items can be collected in a large Ziploc bag together with the appropriate envelopes and labels.
- Include copies of Appendix I: Resources and Supports and Appendix II: Discharge Instructions to give to survivors or **advocate**.

⁸ Sterile water is used for vaginal washings or to moisten swabs.

⁹ IN THE NWT, Woods lamp and Toluidine blue dye are not routinely used in SAEK unless the examiner has access to these supplies and has obtained specific training for same.

¹⁰ Use of a Woods lamp or other alternate light source may be helpful to visualize injuries and evidence.