

**Emergency Department Enhancements Survey  
NYC Alliance Against Sexual Assault**

**This is a non-judgmental, confidential survey to capture the procedures followed by hospitals when treating a sexually assaulted patient. Only the researchers will know the hospital's name. The hospital's name will not be named in any published or non-published reports. All data will be analyzed on a citywide level. We are hoping to use this data to advocate for increased funding for hospital EDs to treat sexual assault patients.**

**SECTION 1: SAFE PROGRAMS**

1. Does your hospital have a Sexual Assault Forensic Examiner's Program certified by the Department of Health as a Center of Excellence?
  - a. Yes
  - b. No
  - c. I don't know
  
2. Does your hospital incorporate a protocol (similar to a Department of Health Sexual Assault Forensic Examiner's Program) for treating patients reporting a sexual assault?
  - a. Yes
  - b. No **(Skip to #7)**
  
3. How many years has the SAFE program been in place at your hospital?
  - a. Less than one year
  - b. 1-2 years
  - c. 2-3 years
  - d. 3-5 years
  - e. More than 5 years
  - f. I don't know
  
4. Does your SAFE program participate in an interdisciplinary taskforce that includes criminal justice and rape crisis center staff?
  - a. Yes
  - b. No
  - c. I don't know
  
5. If Yes, how often, on average?
  - a. Every month
  - b. Every 2-6 months
  - c. Every 6-12 months
  - c. Every year
  - d. Other (specify)
  
6. In the last six months, has your SAFE program done any outreach in the community?
  - a. Yes
  - b. No
  - c. I don't know





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- c. Rape Crisis advocates
- d. Combination
- e. Other (specify)

23. Would you say that all, most, some or none of the victim advocates (including Social Workers) have received the 40-hour rape crisis training?

- a. All
- b. Most
- c. Some
- d. None
- e. I don't know

24. Does your emergency department have an on-call schedule for victim advocates?

- a. Yes
- b. No
- c. I don't know

25. Does your emergency department have a back-up on-call schedule for rape crisis advocates?

- a. Yes
- b. No
- c. I don't know

**SECTION 5: TIMELY TREATMENT**

26. What is the average time for a sexual assault patient to be in the waiting room before being seen by a nurse or doctor?

- a. 1-15 minutes
- b. 15-30 minutes
- c. 31-45 minutes
- d. 46-60 minutes
- e. more than one hour

27. I know sometimes there are circumstances beyond hospital control that delay an advocate from arriving in a timely manner. How often would you say the physical exam begins before the victim advocate is present: Always, most of the time, sometimes or never?

- a. Always
- b. Most of the time
- c. Sometimes
- d. Rarely
- e. Never

28. On average, how long does it take the on-call Sexual Assault Examiner or doctor who handles sexual assault cases to arrive at the hospital once they are called?

- a. 1-15 minutes
- b. 16-30 minutes

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- c. 31-45 minutes
  - c. 46-60 minutes
  - d. 1-2 hours
  - e. more than 2 hours
29. What is the average length of stay in the ER?
- a. 0-2 hours
  - b. 2-4 hours
  - c. 4-6 hours
  - d. More than 6 hours
  - e. I don't know
30. How long does it usually take to do the exam once the SAFE arrives?
- a. 0-1 hours
  - b. 1-2 hours
  - c. 2-3 hours
  - d. More than 3 hours
  - e. I don't know

**SECTION 6: SPACE**

31. Do you have a private room with a door designated for patients reporting sexual assault?

- a. Yes                      b. No                      c. I don't know

32. How often would you say that patients reporting sexual assault are seen in a private area of the hospital: Always, most of the time, sometimes or never?

- a. Always
- b. Most of the time
- c. Sometimes
- d. Never
- e. I don't know

33. Does this private room have a shower?

- a. Yes                      b. No                      c. I don't know

34. If No, is there a shower available near the private room?

- a. Yes                      b. No                      c. I don't know

35. Is the private room or area handicap accessible?

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- a. Yes                      b. No                      c. I don't know

**SECTION 7: SPECIALIZED EQUIPMENT**

36. Does your emergency department have a dedicated Colposcope to use for patients reporting sexual assault?

- a. Yes                      b. No                      c. I don't know

37. Does this Colposcope have the ability to photo-document?

- a. Yes                      b. No                      c. I don't know

38. Does your emergency department have a camera to photograph injuries?

- a. Yes                      b. No                      c. I don't know

39. If Yes, what type of camera?

- a. Digital                      b. 35mm                      c. Polaroid                      d. Other

40. Does the program use a ruler or scale (such as a quarter in the picture for reference) for measurement reference for injury documentation?

- a. Yes    b. No                      c. I don't know

41. Does the program routinely label photos with the patient name or ID number and date?

- a. Yes                      b. No                      c. I don't know

42. Is there a standard procedure in place regarding photo documentation (i.e. who develops, where they are placed, how they are stored.)

- a. Yes                      b. No                      c. I don't know

43. Does your program use Toluidine Blue for injury detection?

- a. Yes                      b. No                      c. I don't know

44. Does your program have an ultraviolet light?

- a. Yes                      b. No                      c. I don't know

45. Does your program have swab dryers?

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- a. Yes                      b. No                      c. I don't know  
46. If No, what do you use to dry swabs?

**SECTION 8: TREATMENT**

47. We know that most hospitals have general guidelines for treating MRDD patients. Does your emergency department have a specific protocol on how to obtain consent from mentally retarded or developmentally disabled patients presenting for sexual assault?

- a. Yes                      b. No                      c. I don't know

48. Does your emergency department have a protocol on how to obtain consent from patients presenting for sexual assault who are under the influence of drugs or alcohol?

- a. Yes                      b. No                      c. I don't know

49. What determines using a child or adult protocol?

- a. Age                      b. Maturity                      c. Other

50. Is there a minimum age for using an adult protocol?

51. Would you say that replacement clothing is always, most of the time, sometimes or never available to patients reporting sexual assault in your emergency department?

- a. Always  
b. Most of the time  
c. Sometimes  
d. Never

52. Would you say that Crime Victims Board claim forms are always, most of the time, sometimes or never available in the emergency department?

- a. Always  
b. Most of the time  
c. Sometimes  
d. Never

53. Does your emergency department have access to 24-hour translation services?

- a. Yes                      b. No                      c. I don't know

54. If yes, do you use a person or a phone translation system?



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- a. Yes                      b. No                      c. I don't know

63. Is the STI literature translated into any languages other than English?

- a. Yes                      b. No                      c. I don't know

**If yes, what languages:**

**64. What STIs are routinely tested for when a patient is reporting a sexual assault?**  
(See Comprehensive Sexual Assault Assessment Form)

65. Is the patient provided with prophylaxis for STDs and Hepatitis B, where medically feasible?

- a. Yes                      b. No                      c. I don't know

66. Does your emergency department hand out written information about HIV Post-Exposure Prophylaxis (HIV PEP) for non-occupational exposure?

- a. Yes                      b. No                      c. I don't know

67. Is the HIV PEP literature translated into any languages other than English?

- a. Yes                      b. No                      c. I don't know

**If yes, what languages:**

68. Is the patient provided with prophylaxis for HIV PEP, where medically feasible?

- a. Yes                      b. No                      c. I don't know

69. On average, are follow-up appointments made always, most of the time, sometimes or never for the HIV PEP?

- a. Always
- b. Most of the time
- c. Sometimes
- d. Never

70. Does your emergency department routinely give verbal information to patients reporting sexual assault about reporting to the police?

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- a. Yes                      b. No                      c. I don't know

**SECTION 9: FOLLOW-UP SERVICES**

71. On average, do you refer sexual assault patients to a rape crisis program for follow-up counseling?

- a. Yes                      b. No (Go to Q. 73)

72. Is this rape crisis counseling referral for:

- a. An in-house rape crisis program (Skip to #75)  
b. An in-house social work program  
c. A local rape crisis program. (Skip to #75)

**IF THEY ANSWER THAT THEY REFER TO AN IN-HOUSE SOCIAL WORK PROGRAM:**

73. Is there a local rape crisis program near to the hospital that you know of?

- a. Yes (Skip to #76)                      b. No

74. IF ANSWER NO: If there was a local rape crisis program available would you refer patients to this program?

- a. Yes                      b. No

75. Do you routinely 'check in' with patients after they leave the hospital regarding their referrals?

- a. Yes                      b. No (Skip to #78)

**IF YES:**

76. How long after they leave the emergency department do you check in?

- a. Within 24 hours  
b. Within 48 hours  
c. Within 1 week  
d. Other

We know that for many hospitals, the 'check-in' is the only opportunity for follow-up with the patient.

77. Is your hospital able to conduct any long-term follow-up with patients (i.e. anything after 1 month?)

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- a. Yes                                      b. No (Skip to #79)

IF YES:

78. How long after they are discharged from the ED do you follow-up? \_\_\_\_\_

**SECTION 10: QUALITY OF EVIDENCE COLLECTION**

79. Does your emergency department use a standardized comprehensive care form to document evidence collection and injury?

- a. Yes                                      b. No                                      c. I don't know

80. Some hospitals use the NYS Protocol comprehensive care form for documenting injuries, while other hospitals make their own specific injury documentation record. Do you use the NYS Protocol example SAFE form or your own?

- a.        SAFE's  
b.        Hospital's (Ask for a copy of their form.)  
c.        I don't know

81. Does your emergency department use the New York State Sexual Offense Evidence Collection Kit?

- a. Yes                                      b. No                                      c. I don't know

82. Do you follow all the steps listed in the kit?

- a. Yes (Go to #84 )    b. No

83. If no, which steps do you not follow and why?

84. Does your emergency department use the New York State Drug-Facilitated Sexual Assault Kit?

- a. Yes                                      b. No

85. Do you follow all the steps listed in the kit?

- a. Yes (Go to #87 )    b. No

86. If no, which steps do you not follow and why? \_\_\_\_\_

\_\_\_\_\_

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87. Do you have the capacity to store DFSA kits in locked, refrigerated storage?

- a. Yes                      b. No

88. Does your emergency department keep a record log for the release of forensic evidence to law enforcement? (Clothing, kits etc.)

- a. Yes                      b. No                      c. I don't know

89. Are forensic evidence kits stored in locked cabinets?

- a. Yes                      b. No                      c. I don't know

90. On average, how long do you store forensic evidence kits?

- a.      Less than 30 days  
b.      1 – 3 months  
c.      4 – 6 months  
d.      7 – 12 months  
e.      1 – 5 years  
f.      More than 5 years

91. Does your emergency department contact victims prior to throwing away the forensic evidence kits?

- a. Yes                      b. No                      c. I don't know

**SECTION 11: SAFE DISCHARGE**

92. Does a staff member of the emergency department inquire about the victim's discharge destination always, most of the time, sometimes or never?

- a.      Always  
b.      Most of the time  
c.      Sometimes  
d.      Never  
e.      I don't know

93. Will your emergency department allow an overnight stay of a patient reporting sexual assault until they can secure a safe location?

- a. Yes                      b. No                      c. I don't know

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94. Does your emergency department routinely secure transportation for patients reporting sexual assault upon discharge from the hospital?

- a. Yes                      b. No                      c. I don't know

95. Is follow-up outreach to the patient reporting sexual assault routinely conducted the following day to ensure their safety?

- a. Yes                      b. No                      c. I don't know

**SECTION 12: QUALITY IMPROVEMENT**

96. Do you run into problems releasing information to detectives or ADAs?

- a. Yes                      b. No                      c. I don't know

97. If yes, what problems? How is it usually resolved?

98. Has anyone in your staff been trained to testify in a court of law about medical evidence and collection procedures?

- a. Yes                      b. No                      c. I don't know

99. Is there an established system for quality improvement of care specifically for treating patients reporting sexual assault?

- a. Yes                      b. No                      c. I don't know

100. Are chart audits routinely conducted on patients reporting sexual assault?

- a. Yes                      b. No                      c. I don't know

101. To your knowledge, has your emergency department/SAFE program conducted a satisfaction survey for patients reporting sexual assault in the last two years?

- a. Yes                      b. No                      c. I don't know

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102. To your knowledge, does your emergency department/SAFE program collect any additional data (beyond m-stat; complaint codes; drg diagnostic related group codes) about patients reporting sexual assault?

a. Yes

b. No

c. I don't know

103. If Yes, explain.

104. Is there anything else you would like to tell me about any of enhancements made in your ED for treating patients reporting sexual assault?