

APRIL 2021
SEXUAL ASSAULT AWARENESS MONTH



Healthcare & Healing after Sexual Assault

National Association of Nurse Practitioners in Women's Health



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April is Sexual Assault Awareness Month and as women's healthcare providers, it's important to us that patients understand how we can help if they experience sexual assault. NPWH Board Member Dr. Heidi Collins Fantasia, PhD, RN, WHNP-BC, is a leading expert on the intersection of violence and the reproductive health of women, including violence screening, women's experiences of violence, and issues surrounding sexual consent and coercion.

We interviewed her to find out what patients need to know about this unfortunately common aspect of women's healthcare.

Q: What is sexual assault and how common is it?

Sexual assault is any type of sexual activity in which your consent was either coerced from you or not given or not freely given. **About one in four women will experience some type of either sexual assault or unwanted sexual encounter at some point in their life.** It is, unfortunately, very common.

Patients sometimes come in and say, "Well, I wasn't raped, but something happened and I'm not really sure that I wanted it to happen." Sometimes they were pressured to have sex with somebody, but they didn't really consider it to be rape because they knew the person or had been with them in a social situation before. Maybe they were in some type of a casual relationship. But it doesn't matter what your relationship with this person is or was. Any type of unwanted physical interaction in which some type of grabbing or groping or attempted sexual activity, whether it's oral sex, anal sex, vaginal sex, falls under the definition of sexual assault.

Q: Who is at risk of sexual assault?

Anyone can be at risk for sexual assault, men or women, though women are sexually assaulted at higher rates than men.

There are a few groups in the population that we know statistically have higher rates of sexual assault, including college women, individuals with intellectual or physical disabilities, and LGBTQ individuals.

Most sexual assaults happen from someone that the woman knows, from an acquaintance, a coworker. Usually it's not a stranger.

"THE MOST IMPORTANT THING I WANT YOU TO KNOW IS THAT I BELIEVE YOU AND THAT I WILL LISTEN TO YOU. I WON'T JUDGE YOU OR BLAME YOU FOR WHAT HAPPENED. "

Q: What should I do if I've experienced sexual assault?

If the assault happened within the last week, **you are within the window to have a forensic evidence exam.** Having forensic evidence collected **does not mean you have to press charges.** You can also call law enforcement and just talk to somebody on the phone to see what your options are without ever coming in or formally making a police report.

If you are past the window to have a forensic evidence exam, you can still see a healthcare provider to address any concerns. Once you're in the appointment, the best thing that you can do is be honest. I'll ask when it happened, who was involved, if you know if it was oral sex, vaginal sex or anal sex. I'll ask if you have any immediate concerns, such as pregnancy or contracting a STI. I'll also ask if you're having any pain, if you have noticed any new or different symptoms. These details will help me focus the exam and give you the best care that I can.

I'll also ask you how you've been doing emotionally. Have you been able to go to work or maintain your school schedule? How are your relationships with the people in your life? I'll ask if you have sought any kind of outside help, such as therapy - and if you haven't, would you like to?

While these details are helpful for me to perform the exam, you do not have to tell me anything you don't want to. But I do want patients to know that it does not matter if they were drinking, if they were out by themselves at night, or what they were wearing. None of that actually has anything to do with the assault itself.

The most important thing I want you to know is that I believe you and that I will listen to you. I won't judge you or blame you for what happened.

Q: What happens in a forensic evidence exam?

A forensic evidence exam is a specific kind of exam where evidence is collected. They typically take place in a hospital emergency room with a sexual assault nurse examiner or forensic expert. They follow a very specific process of collecting all the evidence that's needed, sealing it correctly and then handing it over to law enforcement if you decide to press charges.

First, you will be examined by a provider in the emergency room. They will look for any harm that was done to you before you have any evidence collected. They'll make sure that you're actually medically stable to have the forensic exam, and once you're cleared, you'll be one-on-one with the person that's collecting the evidence.

"THE DECISION TO PRESS CHARGES IS
ONE HUNDRED PERCENT YOURS. "

They will examine your clothes for any hair that's not yours. They'll take swabs from the mouth, from the vagina, from the rectum. They will do nail clippings, as there could be skin or hair of your assaulter under the nails. They'll take photographs of your body if you have any injuries.

It's a very methodical exam. It can take up to four hours to have it completed because they go step-by-step in a very systematic order to collect all of this and then have it sealed up and labeled.

Q: Do I have to press charges if I get an exam?

The decision to press charges is one hundred percent yours.

If you have the forensic exam, you do not have to make a decision about pressing charges right away. The evidence is sealed and handed over to law enforcement, but nothing happens until you say so.

If the assault happened within the last week, I would encourage you to have this forensic evidence collected, as it is helpful to law enforcement if you go forward with the case. You may decide not to press charges, and that's okay, but having the exam gives you a bit of time to decide. Every state handles it differently, but typically they hold evidence for about 6 months.

Sometimes women are traumatized by an assault. It takes some time for them to process what happened. They internalize the blame or make excuses for why it happened. "He's a nice guy. He didn't mean to do it. Maybe it was what I was wearing. Maybe I led him on." There's a lot of blame and shame and a lot of stigma around sexual assault. And that, along with the trauma, will keep women from coming forward. It's not uncommon at all for there to be a delayed amount of time between when the assault occurred and when women show up for care.

I want women to know that whatever they tell me, it stays within the walls of the exam room. It won't go outside that office. No one else has to know what happened. **The most important thing is that we make sure you are healthy and getting any care you need.**