



Sexual Assault Medical Forensic Examinations (MFE) Frequently Asked Questions

Q. What are the essential components of an MFE?

A. The essential components include:

- the evaluation, documentation and treatment of any injuries;
- treatment to prevent pregnancy and sexually transmitted infections;
- the collection of DNA and other physical evidence; and
crisis intervention to assess and treat any emotional needs of the patient.

[See A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/adolescents (2nd ed.). Washington, DC: U.S. Department of Justice, Office on Violence Against Women, [pg. 17](#) (2013)].

Q. Do inmates/residents/detainees in confinement who disclose a sexual assault have a choice about whether or not to get an MFE?

A. Yes. Everyone who discloses a sexual assault should be asked whether or not they wish to have an MFE and must give informed consent before receiving an MFE. Before receiving an MFE, inmates/residents/detainees should be informed about healthcare options and told they have the option to have evidence collected whether or not they choose to cooperate with law enforcement.

Q. What information must be included in an informed consent for the MFE?

A. The information that must be provided to a patient in order for them to give informed consent for the MFE includes:

- the options they have regarding the examination itself (including any medications, testing, and evidence that can be collected or not during the examination);
- the risks and benefits of the MFE;
- the fact that the patient is able to decline any or all of the MFE, and will be asked during the examination for permission to proceed;
- information about how photography will be used and consent to use it;
- consent for the release of information related to the exam; and consent for follow-up medical care.

[See A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/adolescents (2nd ed.). Washington, DC: U.S. Department of Justice, Office on Violence Against Women, [pg. 43-45](#) (2013).]

Q. Besides collecting DNA evidence are there other time sensitive parts of the MFE?

A. Yes. Emergency contraception is most effective if given in the first five days after an assault. HIV prophylaxis should not be given more than 72 hours after an assault. Medicines to prevent sexually transmitted diseases can be given up to five days after an assault. (See A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/adolescents (2nd ed.). Washington, DC: U.S. Department of Justice, Office on Violence Against Women, [pg. 111-114](#) and [115-116](#) (2013).

Q. What is the length of time that can pass before it is *too late* to have an MFE with DNA evidence collection?

- A. Timing for MFEs may differ depending on the community, but *most* programs are providing an MFE up to five days after an assault (and some longer). It is important to remember that if the patient is having signs or symptoms of health concerns such as bleeding, abdominal pain, or fever, they should be referred for medical care no matter how long it has been since the assault.

[See [A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/adolescents](#) (2nd ed.). Washington, DC: U.S. Department of Justice, Office on Violence Against Women, pgs. 7-8 (2013)].

Q. What information should the facility medical staff expect to receive after the patient has an MFE?

- A. The staff should have information on any follow-up care that needs to be delivered post exam. This will include any medications that have been administered and if there are any that need to be continued (this will be unlikely unless HIV nPEP is begun), and any follow-up testing that needs to be done (e.g., HIV, STD, Pregnancy).

[See [A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/adolescents](#) (2nd ed.). Washington, DC: U.S. Department of Justice, Office on Violence Against Women, [pgs. 117-119](#) (2013)].

Q. Will the examiner be able to tell if the patient has been raped from the MFE?

- A. No. There is no 'sign' or test that is given that will determine if a rape has occurred. Rape is not a medical diagnosis. SANEs can speak to any injuries observed during the exam, the type of injury, and describe the characteristics of that injury.

Q. Are there factors that would prevent a patient from receiving an MFE?

- A. Patients should always be offered an MFE, even if the assault was an oral assault, digital penetration, or penetration by an object. An MFE should also be offered to a patient that has showered, washed, or performed oral hygiene activities after the assault.

Q. Can a patient refuse to do part of the exam?

- A. Yes. A patient must provide consent for each step of the exam and if consent is not given that part of the exam should not be completed. (See [A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/adolescents](#) (2nd ed.). Washington, DC: U.S. Department of Justice, Office on Violence Against Women, [pg. 43-45](#) (2013)).

Q. What emergency contraception can be given to a patient who has been sexually assaulted up to 100 hours after the assault?

- A. Ulipristal (Ella) is a prescription-only emergency contraceptive. Ulipristal maintains consistent effectiveness when administered up to 120 hours (5 days) after unprotected intercourse. In the 72- to 120-hour window, ulipristal is more effective than levonorgestrel (or Plan B). See also, [Emergency Contraception from the U.S. Health and Human Services Office of Women's Health](#).

Q. What can be administered to a sexual assault patient to prevent human papillomavirus (HPV)?

A. Victims of sexual assault are at increased risk for sexually transmitted infections (STIs), including HPV, due to the fact that victims of sexual assault are also at increased risk for being sexually assaulted more than once, may have increased number of lifetime sex partners, have lower odds of being screened for cervical cancer, and are at increased risk of abnormal cervical cytology. These are correlations, not causation, but important to note.

Although the HPV vaccine is not 'curative' and does not prevent infection, if someone has been exposed, it provides a measure of prevention for HPV complications, given the increased risk from current and future exposure. Even if a survivor has been exposed, it does not mean they will contract HPV. Once HPV is acquired the treatment is directed toward the symptoms, as there is no cure. The vaccine can prevent cervical, vaginal, anal, and vulvar cancers (and genital warts) and is administered to try and protect against those cancers. There are several different types of HPV and the most recent vaccine prevents nine different strains of the most common types of HPV. Although HPV vaccines have been found to be safe when given to people who are already infected with HPV, the vaccines do not treat the infection. They provide maximum benefit if a person receives them before he or she is sexually active. It is likely someone exposed to HPV will still get some residual benefit from the vaccination, even if he or she has already been infected with one or more of the HPV types included in the vaccines.

It is therefore recommended that HPV vaccine be offered and administered during the initial examination following a sexual assault. HPV vaccination is recommended for female survivors aged 9–26 years and male survivors aged 9–21 years. For Men who have sex with men (MSM) who have not received HPV vaccine, or who have been incompletely vaccinated, vaccine can be administered through age 26 years. It is also common for women who have sex with women (WSW) to receive the vaccine. HPV can be transmitted through skin to skin contact and has been shown to occur in women who have reported no male sexual contact. Overall, the vaccine should be administered to sexual assault survivors at the time of the initial examination, and the follow-up doses administered at one to two months and then six months after the first dose. Survivors of sexual assault are also at higher risk of being lost to follow-up care. Efforts should be made to connect survivors to care systems that will provide clinical continuity, mental health support, and monitor adherence. It is worth noting,

[See Immunization Action Coalition, [Ask the Experts](#) and Centers of Disease Control, Prevention, "[Sexually Transmitted Diseases Treatment Guidelines, 2015](#)," *MMWR Recommendations and Reports*/Vol.64/No.3., Hildesheim A, Herrero R, Wacholder S, et al. [Effect of human papillomavirus 16/18 L1 virus like particle vaccine among young women with preexisting infection: A randomized trial](#). *JAMA* 2007; 298(7):743–753, and Hildesheim A, Gonzalez P, Kreimer AR, et al. [Impact of human papillomavirus \(HPV\) 16 and 18 vaccination on prevalent infections and rates of cervical lesions after excisional treatment](#). *American Journal of Obstetrics and Gynecology* 2016; 215(2):212.e1-212.e15].

Q. Can correctional facility nursing staff share an offender's medical history of HIV, or is it a Health Insurance Portability and Accountability Act (HIPAA) violation?

A. The HIPAA regulations expressly allow medical providers to provide to a facility with lawful custody of an inmate any information necessary for (among other things), "[t]he health and safety of such individual or other inmates," or, "[t]he administration and maintenance of the safety, security, and good order of the correctional institution." 45 C.F.R. § 164.512(k)(5)(i). See [FAQ dated July 11, 2013](#).

Many circumstances exist in which an inmate's health and safety, coupled with the logistics of running a correctional institution, necessitate the correctional healthcare provider sharing health information. HIPAA regulations take into account the need for some information sharing within the correctional setting and have spelled this out in "Correctional Institutions and other law enforcement custodial situations and Permitted Disclosures" 45 C.F.R. 164.512 (k) (5) (i) (ii) section of the code.

The correctional setting is often the first place incarcerated men and women are diagnosed with HIV and provided treatment. The protection of inmate or patient personal health information (PHI) becomes more sensitive with respect to certain conditions, like HIV. HIV poses an especially difficult patient confidentiality situation in a correctional setting. If a facility is practicing universal precautions, there's no reason most non-medical staff should have to know a person's HIV status unless they have a role in the distribution of the medication, the inmate population is a immediate risk, or a non-medical staff person became exposed during work related incident.

Q. What are some resources for LGBTQI+ health care information?

A. Here are some additional resources for facilities (not an exhaustive list):

- Forge, <https://forge-forward.org/>
- National LGBT Health Care Education Center, *Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff*, <https://www.lgbthealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>
- Gay and Lesbian Medical Association, *Guidelines for care of Lesbian, Gay, Bisexual, and Transgender Patients*, http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf
- Human Rights Campaign, Interactive Map: Clinical Care Programs for Gender-Expansive Children and Adolescents, <https://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr>

Q. How does this webinar help Department of Justice certified PREA Auditors?

A. This webinar provides information to understand the purpose and importance of a Medical Forensic Exam with emphasis on PREA Standards 115.82 and 115.64. The webinar can be used by auditors in a variety of ways (not an exhaustive list).

PREA auditors (Auditors) are required to conduct interviews with staff who have specialized roles and responsibilities. One of the required specialized staff Auditors must interview is the Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiners (SANE) staff. This interview could be with facility staff who are able to provide medical forensic exams or with an external provider the facility uses to offer these services ([Auditor Handbook](#) pgs. 55-56). Currently, there is no interview protocol provided for SANE/SAFE interviews and it is up to the auditor to develop an interview protocol. This webinar could assist with formulating a SANE/SAFE interview questionnaire. The webinar can also help Auditors formulate specialized staff interview questions (in addition to the interview protocols provided) for facility security staff and non-security staff first responders as to their role and responsibilities upon learning of an allegation of sexual abuse.

Additionally, the webinar provides a detailed explanation about the time considerations for the collection of evidence along with emergency medical and follow-up care. The webinar provides material the Auditor can use to assess whether information about and access to emergency contraception and sexually transmitted infections prophylaxis was offered and/or provided to victims in a timely manner. Furthermore, this webinar provides knowledge of what a medical forensic exam is and what the exam is not.

During a PREA audit, an Auditor will review victim files, medical and mental health files, and treatment files as part of their triangulation of evidence (methodology). The webinar provides information on what the auditor could be looking for within those files to help determine whether proper evidence collection occurred as well as timely access to emergency medical services were provided.

Likewise, the webinar can assist an Auditor with their assessment of the facility's coordinated response between staff first responders, medical and mental health practitioners, investigators, and facility leadership for an incident of sexual abuse. Lastly, the webinar briefly reviews the difference between first responder and investigative responsibilities.

Overall this webinar builds on the first webinar of this series, "[PREA 115.21: Focusing on Collaborations](#)," which provided details about the Medical Forensic Exam (evidence collection exam) and the collaboration options to ensure medical forensic exams and are accessible to incarcerated sexual abuse survivors.