HOW TO SCREEN YOUR PATIENTS FOR SEXUAL ASSAULT

A Guide for Health Care Professionals

Florida Council Against Sexual Violence
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Forward

Sexual violence impacts every aspect of women’s lives, and yet their emotional and physical needs are often not met. Millions of women suffer in silence, without telling anyone in their lives what happened to them. In Florida alone, more than 1,260,000 adult women have already been victimized by sexual violence at some point in their lives (Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention).

We know that if victims don’t tell, it is much harder for them to recover from the trauma of sexual assault. We also know that if victims don’t talk about their experiences with sexual assault, no one can help them make the connection between their victimization and the physical and mental aftereffects of surviving sexual trauma. Being violated hurts a victim’s mind, body and spirit, and the pain doesn’t always go away over time.

Understanding sexual assault is key to understanding women’s health and mental health issues. Sexual assault can create physical problems, post traumatic stress disorders, substance abuse issues, and many other struggles. Medical professionals need to make the connection between sexual violence and women’s health. By talking to women about sexual assault, health care providers can open a door to create true healing for survivors of rape and abuse.

This guide, created by Florida Council Against Sexual Violence (FCASV), is one part of our “Tell Me About It” campaign. The effort to integrate sexual violence screening into health care practice is an essential element of this multi-disciplinary campaign to respond to sexual violence in our communities, one that will make a difference in the lives of thousands of women in our state.

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Jennifer Drett
Executive Director
Florida Council Against Sexual Violence
Introduction

As a health care provider, you are increasingly busy with patients, you have more and more paperwork to do and have limited time to spend with patients, so it makes sense that you don’t want to be asked to do one more thing. Yet, we are asking you to do exactly that. So why is it important to ask all female patients about sexual violence?

The Impact of Sexual Violence

It is important because:

- 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (National Institute of Justice & Centers for Disease Control and Prevention, 1998).
- Medical services are often the entry point for survivors of sexual violence, thus, health care providers see many survivors of sexual violence in their practices
- Survivors have medical conditions and risks related to sexual violence that need to be addressed
- Studies show that women trust their health care providers and want to be able to discuss experiences such as rape and sexual abuse with them (McAfee, 1995)
- In order to get the help they need and begin to heal from the effects of sexual violence, survivors need to be asked about what has happened to them.

For a number of reasons, including being confused about whether what happened to them is sexual assault or rape and also being embarrassed, frightened or ashamed, many women do not initially use the resources available to victims of sexual violence. Yet studies have shown that survivors’ visits to medical providers increase after assault occurs. These women go to health care providers because they are experiencing the psychological effects of the sexual violence, which can manifest as physical symptoms such as headaches, gastrointestinal distress, and/or physical effects of the violence such as PID and STIS/HIV.

Sexual violence can have a variety of devastating short- and long-term effects. Women may experience psychological, physical, and cognitive symptoms that affect them daily. Victims of sexual assault are 3 times more likely to suffer from depression, 6 times more likely to suffer from post-traumatic stress disorder, 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs, and 4 times more likely to contemplate suicide than individuals who have no history of sexual assault (World Health Organization, 2002).

The effects of sexual violence are manifold. A traumatic experience not only damages a woman’s sense of safety in the world, it can also negatively effect her self-esteem, her ability to continue her education, her capacity to earn money and be productive, her ability to have children and, if she has children, to nurture and protect them.

We know that sexual violence has a ripple effect and thus impacts not only the victim but also her loved ones,
children, community, and the country as a whole. For example, a woman who is raped may become depressed, neglecting her job, family, or community. Children witnessing violence and/or who are also abused by the perpetrator are negatively impacted. Early violence can have an intergenerational effect, harming a child’s relationships later in life.

Ending the Silence

An obstacle to helping victims is that survivors often do not volunteer that they were the victims of sexual violence, even to the people with whom they are closest. However, many survivors of sexual violence are telling their health care providers in indirect ways. This indirect communication through their body and behaviors may be the only way they know how to communicate at that moment that they need help. Unfortunately, many health care providers have not been given the opportunity to receive training that would help them inquire about sexual violence. The fact that health care providers don’t ask, combined with cultural prohibitions about this topic, reinforces the silence of survivors.

Research on the benefits of disclosing emotional experiences has resulted in improving the subjects’ physical and mental health. “Telling” gives meaning to their experiences and helps survivors manage their emotions better. We know that survivors can break their silence if they are given permission by an informed, nonjudgmental and sensitive medical provider, and by being offered the support and resources to facilitate healing.

A visit to a health care provider is one of the best times and situations for a woman to be assessed for sexual assault. Health care providers can be trained to help women who are experiencing present-day danger and/or have a history of sexual violence that is affecting their lives. Health care providers can learn to identify and assess victims, respond sensitively to survivors’ needs, be aware of their own responses to the topic of violence, and make appropriate referrals.

Reports and studies from the last decade have expanded our awareness of sexual assault. They have helped document the scope of the problem and helped promote laws punishing sexual violence against women. What has often been missing is treatment for those most directly affected - the survivors themselves. This guide explains and describes this missing component, the identification and treatment of the physical and psychological effects of sexual violence on women, and how providers can assist women in getting the types of help that they need in order for them to begin to heal.

Sexual violence is, unfortunately, part of women’s lives. In order to heal, a survivor needs to have the opportunity to name what has happened to her. Doing so in a safe environment, with helpful people, where she receives the support she needs, allows her to begin to take control of her life again.

Training Is the Key

The goal of this publication is to educate providers about sexual violence and their role in helping survivors. Our hope is that after reading this manual health care providers will start to feel more comfortable screening for and discussing sexual violence with their patients.

This manual is an educational tool. It can be used on its own, and ideally additional training with your local rape crisis center will be the next step. Although this manual contains information that can inform providers about their role and give
background information about sexual violence and its effects on women, it cannot replace in-person training. Sexual violence is a topic that can evoke strong emotional responses. Role-plays that are offered during training are invaluable as they give providers the opportunity to say sensitive, possibly difficult words aloud. Training offers the chance for providers to work on their own responses and practice asking patients about sexual violence. Having this chance to practice new skills offers providers invaluable lessons. Since we know that often survivors of sexual violence are acutely aware of nonverbal cues, it is important to feel some ease in asking these questions and have a comfortable and caring response for women who answer “yes.” Training also helps providers think through the next steps to take after a patient discloses sexual violence.

This guide and the reminder card are just a beginning. Training offers providers skills and tools that enhance their practice with survivors of sexual violence. In addition, these skills can be applied to other types of patients and other sensitive situations.
Sexual violence is both a public health problem and a human rights violation. Women’s lives are constantly affected by the possibility and actuality of violence. This shapes and impacts women’s lives from birth through old age. Sexual violence can take a number of forms, including childhood sexual abuse, rape, and intimate partner violence. These acts take place in many different contexts: family homes, on the street, dormitories and in public venues.

There are many myths about sexual violence. For example, people usually think about stranger rape when the words rape or sexual assault are mentioned. But stranger rapes make up a minority of the rape cases in the U.S. In fact, the majority of women who are raped know the perpetrators, and these perpetrators are their friends, dates, husbands or ex-husbands, family members, coworkers and bosses. Sexual violence involving someone who is a member of the family or a trusted friend is a psychologically complex experience for the survivor.

Sexual violence is a broad term that can be used to describe many other more specific terms, such as rape, sexual assault, sexual abuse or incest. Sometimes force or implied force is used by perpetrators against victims, and in other cases it describes sexual acts perpetrators trick, coerce or manipulate victims into.

**What is Florida’s Legal Definition of Rape?**

Florida Statutes Chapter 794 defines sexual battery as the oral, anal, or vaginal penetration with a sexual organ; or anal or vaginal penetration with any other object, except as performed for bona fide medical purposes, without consent. “Consent” is defined as intelligent, knowing and voluntary consent and does not include coerced submission.

**How Do Victims Define Sexual Assault?**

Victims report that any sexual act they did not agree to, that they were forced to perform, or that they were manipulated, threatened, or coerced into accepting, hurts them in many ways. The trauma of this type of violation can impact all aspects of a victim’s life, and can leave her traumatized for a long time. Sometimes sexual assault leaves victims feeling overwhelmed and confused. Therefore, some victims have a hard time defining their experiences as sexual assault. Often they rely on their
physicians, nurses, counselors and others to confirm their experiences and to help them define what happened as victimization.

**What Is the Importance of Consent?**

Consent means knowingly and voluntarily agreeing to every part of an action. Sexual consent means thoroughly understanding and feeling free and able to question, communicate, and express consent or disagreement. In order to consent, the individual must be in total possession of their intelligence and feel empowered.

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What Are the Different Types of Sexual Violence, and Who Is Vulnerable?

Women who are victims of sexual violence don’t fall into easily defined categories. Unfortunately, all women are vulnerable to sexual violence. It can happen to single women, older women, lesbians and married women. Certain circumstances such as poverty and disability may raise a woman’s level of risk, but, nonetheless, all women are vulnerable.

Victims of sexual violence can be any age, and they can experience sexual violence once, intermittently, or in an on-going or chronic pattern. In one study of violence, the majority (81%) of childhood sexual and/or physical abuse was reported to be recurrent (Plichta & Falik, 2001). Over the course of their lives women may experience more than one type of violence.

**Sexual Violence in Childhood**

When girls are sexually abused, most often the offender is someone she knows, i.e., a relative, friend of the family, teacher, etc. The violence can include sexual intercourse, but it does not have to be sexual intercourse in order for it to be traumatic. All adults appear to be powerful to children. What often allows the sexual abuse to continue is the child’s dependency (physical, emotional, financial) upon the perpetrator of the abuse and the threat of that support being withdrawn. The perpetrator may also threaten her so that she is scared to disclose the abuse or he may tell her the abuse is her fault. All of these reasons serve to silence her. She may keep this secret through

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<th>Names for Sexual Violence</th>
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<td>If the offender is a family member</td>
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adolescence and adulthood. Children who are sexually abused often do not disclose that they are currently being abused or have been abused in the past. The early abuse can affect them developmentally, derailing their lives so they may grow up experiencing many physical and mental health effects including a heightened risk of revictimization. One study of women “showed a two-fold increase in risk for depression associated with violent victimization in early childhood” (Wise, Zierler et al., 2001). Other effects include drug and alcohol abuse, homelessness and high-risk behavior.

Women who were sexually abused as children are more vulnerable to being raped as adolescents and adults than are other women (Wyatt, Gutherie et al., 1992). This is because the early abuse has affected their self-esteem and their ability to protect themselves and set firm boundaries. A study in the UK found that females who were victims of child abuse including unwanted sexual activity and sexual intercourse are at an increased risk of adult abuse, including rape and sexual assault (Coid, Feder et al., 2001). A National Institute of Health National Comorbidity Survey found that childhood sexual abuse was a strong predictor of a lifetime likelihood of post-traumatic stress disorder (PTSD). In this study, 46% of the female victims of rape in childhood suffered from PTSD (Giller & Vermilya, n.d.).

**Sexual Violence in Adolescence**

The majority of sexual violence happens to females under the age of 16. Some of that abuse is ongoing from childhood into adolescence. But for some females sexual violence can happen for the first time during adolescence in the form of dating/acquaintance violence. These situations involve coercive and/or nonconsensual sex, often combined with the use of drugs and alcohol.

Approximately ¾ of rapes reported in the 2005 National Crime Victimization Study conducted by the U.S. Department of Justice were committed by someone known to the victim. Because the perpetrator and the victim have a relationship, the rape is often both traumatic and confusing for the victim. Since the societal model for rape is a stranger assaulting an adult, often younger women do not know how to label what has happened to them. If she has had a prior sexual relationship with the perpetrator, this can heighten her confusion and the pain even more. Confusion about how to define an experience and fears about others' reactions to disclosure serves to silence many survivors. A study of young women in high school found that 18% of them reported that they had been physically and sexually assaulted by someone they were dating. Of the 18%, 3.8% had been sexually assaulted, and 5.3% had been physically and sexually assaulted. This study showed that of the young women who had been victimized, almost 10% of them had attempted suicide in the past year. These young women were less likely to use a condom and had sexual intercourse at an earlier age than young women who had not been abused (Silverman, Raj et al., 2001).

**Sexual Violence in Adulthood**

Many women that have not experienced sexual violence in their childhood and/or adolescence become victims as adults. Women are four times more likely to be abused by someone they know than by a stranger (Plichta & Falik, 2001). The rapists most often are men that they know through work or have met socially. Some adult women experience dating violence or are threatened by someone such as
their boss. Other rape victims are assaulted by complete strangers who attack them in their own homes, cars, workplaces or communities.

A relatively recent concept in our society is that husbands can rape their wives. This is part of what is called domestic violence or intimate partner violence. Sometimes sexual assault is the only physical abuse that is used to gain power and control over a victim, but often it is only one of many forms of abuse that occurs within a relationship.

Women who have been sexually abused during childhood and adolescence are at a higher risk for being abused when they reach adulthood. For some women, becoming an adult and getting away from the abuser does not protect them from future abuse. For example, women who are abused in childhood may not know how to say “no,” how to set boundaries and the difference between affection and sex. These are important skills that they need to protect themselves in the world. These women have been taught that they are not allowed to say “no” (and may have even been punished for saying this), they have little or no experience setting boundaries between themselves and others and often believe that sex is the same as (or a way to get) affection or love. This makes them very vulnerable to further abuse. They may find themselves in dangerous situations because of the skills that are missing from their set. These missing skills also make them vulnerable to stranger assault.

**Sexual Violence and Other Special Populations**

**Women of Color:** Women of color may have a more difficult time recovering from sexual violence because of a history of racist and sexist victimization (Robinson, 2002). Race and ethnicity have a significant impact on victims’ individual experiences and act in concert with other cultural identity factors to influence women’s healthcare choices and options. Language and cultural barriers can make it difficult for women of color to disclose sexual abuse and receive the services they need. Studies show that African American, American Indian, Latina, Asian and Pacific Islander populations experience sexual assault at alarming rates.

> “Sexual abuse of an older adult is defined as sexual activity that occurs when a person over age 60 is forced, tricked, coerced, or manipulated into unwanted sexual contact.”

**Older Adults:** Sexual abuse of an older adult is defined as sexual activity that occurs when a person over age 60 is forced, tricked, coerced, or manipulated into unwanted sexual contact. Older adult populations in particular may have a harder time reaching out for help and healing. Physically, older victims are more likely to sustain physical injury due to changes related to aging. Emotionally, older victims may suffer from bewilderment, shame, and fear that is exacerbated by infirmities of aging. Issues such as financial limitations, a lack of awareness of community resources after the assault, discomfort discussing sexual issues, and a fear of further loss of independence and power may impact their decision to report the assault and/or discuss it with providers. Often times, older citizens are victimized and abused by the very people they depend on for their physical
and mental well-being. They are afraid to come forward for fear of abandonment or retaliation or because they are in a long-term abusive relationship with their perpetrator and want to protect them.

**Populations with Disabilities:** Individuals that have physical or cognitive disabilities or a mental illness also have increased vulnerability. In addition to concerns about social stigma, issues of accessibility, stereotyping, and social and physical isolation are all factors that contribute to the vulnerability of people with disabilities. The number of people in the United States with a disability is quite large; approximately 20% of the population over the age of five has “a major disability that limits a major life activity, such as walking, dressing, taking care of daily needs, being able to see or hear, etc.” (Akers, 2005). Similar to older adult populations, people with disabilities may be abused by their caretaker or someone else that is known to them. Depending on the nature of the disability, the victim may be unable to describe the violation that has happened to them or may not even know that they have been violated. Others may be afraid to disclose the sexual violence for fear of losing independence or of being violated again.

**Lesbian, Gay, Bisexual, and Transgendered Populations:** LGBT populations experience sexual assault at about the same rate as the heterosexual population. As children, LGBT individuals may experience sexual violence by others who are intolerant of homosexuality and view them to be different. “LGBT persons face additional challenges in healing from childhood sexual assault, due to myths that childhood sexual assault may have ‘caused’ them to be gay” (Washington Violence Against Women Network). A study of LGBT adults in 1999 showed that 41% of those surveyed reported having been a victim of a hate crime after the age of 16 (Washington Violence Against Women Network). A common hate crime against LGBT citizens is sexual violence. LGBT survivors may resist talking with medical providers about their assaults because of the fear of being “outed” and/or their past experiences and fear of homophobic responses by medical providers. Common myths about homosexual relationships, such as women don’t assault other women and that violence in LGBT relationships is always mutual, serve as barriers to service for this population.

“Similar to older adult populations, people with disabilities may be abused by their caretaker or someone else that is known to them.”
As a group, women utilize health care 33% more often than men (Brett & Burt, 2001). It is also known that about half of all patients who come to a physician’s office with physical complaints are not actually physically ill but have some underlying problem or stressor that is manifesting itself somatically. Although not all the women who present this way are victims of sexual violence, this is one of the ways that survivors of sexual violence present.

Often, after a woman is victimized, she will have an increase in physical complaints that bring her to a health care setting. Research has actually shown that women who experience sexual violence were more likely than other women to have had 8 or more doctor visits during the past year (Plichta & Falik, 2001). A visit to a health care provider is an appropriate time and situation for women to be assessed for violence. Furthermore, women see health care providers as people with whom they could talk about this subject.

Unfortunately, however, the majority of victims leave out information about rape experiences when discussing why they are in their health care provider’s office. Although most survivors of sexual violence would like to be able to disclose what has happened to them, few spontaneously do this. When questioned, survivors of sexual violence say they would like to be asked about the violence by their providers but say that most of the time this does not occur. Asking women patients about past or present violence can clarify to providers the underlying reason for the patient’s symptoms. It not only can save time and multiple office visits, it also saves money in terms of tests, works-ups and specialist visits. Knowledge about the pathology of sexual violence can immediately alert providers to the possibility that a patient fits the profile of a survivor.

How Can Primary Health Care Providers Help Sexual Violence Survivors?

How Do Survivors of Sexual Violence Present to Health Care Providers?

Each sexual violence victim responds to the violence in her own unique way. Some of those differences depend upon how she defines sexual violence, whether she knew the perpetrator (and most victims of sexual violence do), her past history of victimization, how her family and friends respond, her views about the
criminal justice system, and her personal style of dealing with crises.

Survivors of violence, compared with other women, more often rate their health care as poor or compromised (Plichta & Falik, 2001). One possible effect of having a large population base who have not yet made the connection between a history of abuse and their current somatic difficulties is patients with “thick chart syndrome,” or patients labeled as noncompliant or difficult. These patients often present with chronic, undiagnosed pain that does not get better. They can also have many tests with inconclusive results which can be exhausting, frustrating and expensive for the provider and for the patient.

**Survivors can present in a number of ways:**

**Reproductive health presentation:**
- Emergency contraception
- STIs (possibly chronic)
- Pregnancy testing/pregnancy termination
- HIV testing
- PID
- Infertility
- HIV/AIDS

**Medical presentation:**
- Headaches
- Gastrointestinal complaints
- Fatigue
- Sleeping problems
- Trauma in the genital area
- Signs of physical trauma
- Vague or chronic physical ailments

**Psychological presentation:**
- Depression
- Anxiety
- Phobias
- Drug/alcohol abuse
- Eating disorders
- Suicidal ideation/attempts

**What Are the Physical and Psychological Effects of Sexual Violence?**

**Emotional:** depression that does not seem to have an external cause, anxiety, mood swings, inappropriate affect, derealization, suicidal thoughts and/or acts.

**Self-Perception:** extreme feelings of guilt, feelings of being damaged and/or hopeless, helpless, angry, powerless, feelings of shame and blame, feeling different than others/bad/unusual, mistrustful of her perceptions, depersonalization, low self-esteem, little idea of how she feels, defective sense of ownership over her body, body image problems.

**Interpersonal:** difficulty with intimacy and trust, secretive, dependency on others to the point of being exploited, confusion about the difference between sex and affection, not wanting to be touched or only can be touched in certain ways, seductive behavior, boundary problems and problems saying no, caretaking behavior, acting out sexually or shut down
sexually, compliant behavior, too trusting or not trusting enough, involvement with abusive partners, constant crises in her life, identification with the aggressor, revictimization, difficulties protecting her children or teaching them how to protect themselves.

**Behavioral Disorders:** eating disorders, drug and alcohol abuse, dissociation, Dissociative Identity Disorder, sexual problems (i.e., lack of desire, compulsive sexual behavior, orgasmic dysfunction).

**Post-Traumatic Stress Disorder:** dissociation (“spacing out” as a way to reduce psychological distress), strong and fearful reactions to situations similar to the original trauma, sleep disorders such as nightmares, alternating emotional flooding with a numbing of feelings, irritability, hopelessness, phobic avoidance or attraction to triggering situations, social withdrawal, self-destructive and impulsive behavior, flashbacks, difficulty concentrating and somatic complaints. Women who experience PTSD are continually being affected by the earlier trauma, carrying it with them and responding to new situations based on the earlier violence. Somatization was found to be 90% more likely in people with PTSD than those without a diagnosis of PTSD (Giller & Vermilya, n.d.).

**Physical:** chronic, escalating, undiagnosable physical problems, physical problems that don’t get better, unwanted pregnancy, GYN problems, PID, infertility, headaches, numbing in parts of body, dental problems, TMJ, somatic concerns having to do with the abuse, scars and marks on her body from the abuse, feeling deformed or damaged from the abuse, gastrointestinal problems, swallowing disorders, high-risk behavior resulting in physical problems, early first sexual experience and pregnancy, not taking physical care of herself (smoking, drinking, not using condoms), health problems because of low self-esteem, self-mutilation, partial or permanent disability, STIs, HIV/AIDS.

**Cognitive:** Amnesia about a certain time in her life, lack of memory that results in a lack of certain skills, blocked memories, brain trauma, split between head and body, difficulty concentrating, learning disabilities.

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**What Are the Benefits of Screening Patients for Sexual Violence?**

Although screening for sexual violence only takes a few minutes it can have an enormous positive effect. Since we know that women who have been victims of sexual violence return over and over again to their health care providers, the disclosure of sexual violence can help stop that cycle. It can also:

- Enhance your relationship with your patient
- Educate the patient about the connection between the sexual violence and her symptoms
• Assist her in finally acknowledging what has happened to her and help her deal with her feelings of isolation, pain, guilt or shame
• Assist you and the patient in figuring out what kind of sensitized medical care she needs
• Offer her referrals (if she is ready) so she can get help which will allow her to begin healing

It is important to understand that asking about sexual assault is an intervention unto itself. Some people have termed this "compassionate asking" (Gerbert, Capers et al., 1999). Just asking about rape serves to tell your patients that they don’t need to remain silent, and when they are ready, they can tell you. The disclosure of sexual violence may take time since victims may need to first rebuild their trust in others. Nonetheless, by asking you have let your patients know:
• You are knowledgeable about this topic
• You understand the seriousness of sexual violence
• You want to hear whether they have been victims of sexual violence
• When they are ready you are there to listen

Talking about sexual assault with your patients who have not been victimized helps them understand this issue better. They will have a greater awareness of the importance of protecting themselves, and they will be better friends, mothers and colleagues to the women in their lives who disclose a history of sexual assault to them. And when one of your patients in the future does experience sexual violence, she will already know she does not need to be ashamed and silent. She will know where to go for help.

When Should I Ask Patients About Sexual Violence?

How and when patients are asked questions about sexual violence affects how honestly they will answer you. The best situation for screening is to create a safe environment and to include it with other intake questions you are asking. The most important thing is to prioritize talking about sexual violence and to discuss it at times when it feels logical to you. It’s a good idea to talk about sexual assault:
• When the patient is alone with a medical provider
• In a private room with a closed door
• When she has her clothes on.

Tell her why you are interested in this topic and whether her answers will be kept confidential.

When talking to new patients, asking these questions as part of an intake or history gathering is appropriate. Returning patients who have not previously been asked about sexual violence need to be screened initially during an annual exam or other logical time. Then all patients
need to be periodically screened as part of an on-going protocol, paying special attention to “red flags” of recent sexual assault concerns. Some red flags are:

- Requests for emergency contraception
- Pregnancy testing
- Testing for HIV or STIs
- Lacerations or other physical trauma to pelvic area
- Bruising from restraints
- Anxiety or depression
- Sudden onset of sleep disorder
- Stress-related complaints

Sometimes patients will say “no” until they are asked several times and they feel ready to talk, so continue asking patients during subsequent visits in case sexual assault happens to them in the interim, or in case they feel ready to talk to you about their history of victimization.

If in answering your questions a patient says she is not sure if what happened to her would be considered sexual violence, this is an opportunity to explore it further...

If in answering your questions a patient says she is not sure if what happened to her would be considered sexual violence, this is an opportunity to explore it further, answer her questions, educate her about sexual violence and respond empathetically to her concerns.

Providers who emphasize sexual assault screening in their practices will find that talking about this traumatic topic will begin to unlock the mysteries of many of women’s health and emotional concerns.

Who Should Talk to Patients About Sexual Assault?

All medical practitioners who talk to women about their health care should be prepared to talk about sexual assault.

Male practitioners may feel uncomfortable asking patients about sexual violence. This may not be a topic they have often discussed with others. Given that most perpetrators of violence are men, they may not feel that they should be asking women about this. Male practitioners also may have concerns about being viewed as possible perpetrators. Gender may be a factor in a woman’s response to questions about sexual violence and it can be helpful if male providers include this in their introduction of the topic. Some female patients, when asked by a male provider, may find it hard to disclose the violence that they have experienced. They may need to be referred to a female provider. Their need to feel safe is not a reflection on the skills of the male practitioner.

Female providers may also feel a reluctance to screen patients for sexual violence and have strong reactions to patient’s positive responses. Since all women are vulnerable to sexual violence, discussing
this topic may cause female providers anxiety and concern about their own safety. Training and access to opportunities to practice talking to patients about this topic can help all practitioners become more comfortable with the topic. Additional education and role-play exercises offer opportunities for providers to work on their own responses and practice asking patients about sexual violence. Training also helps providers think through the next steps to take after a patient discloses sexual violence.

**What Are Barriers to Providers Asking About Sexual Violence?**

In many societies there is a tendency to blame the victim, i.e., portray victims of sexual violence as somehow being responsible for being raped because of what they said, what they wore, what choices they made, or what actions they took or did not take. This not only puts the burden on the victim herself, but it also closes off any intervention or solution. Blaming further burdens victims of violence because it demonstrates to them that no one understands their experience. This may deepen their sense of isolation and their depression. This societal justification of violence excuses the perpetrator and may be interpreted as giving him permission to rape again in the future.

The impact of victim blaming is the biggest barrier to talking about sexual violence. However, there are other barriers to talking about sexual violence that present a significant problem for providers and survivors. For providers they include:

- Lack of information and training about sexual violence
- Provider’s own traumatic experience(s), past and present
- Belief that this is a “private” matter
- Discomfort with the patient expressing emotions
- Concern about how listening to these experiences will affect the provider
- Discomfort with feeling helpless and not able to “fix” the patient
- Lack of training on cultural competency and/or knowledge about how providers can work across systems, races and cultures to provide services that are reflective of the needs of victims

For survivors they include:

- Fear of not being believed
- Fear of being judged and blamed
- Fear of not being understood
- Fear of not being helped
- Fear of being taken advantage of again
- Fear of retaliation by the perpetrator
- Guilt, embarrassment and feelings of self-blame and shame
- History of mistrust of medical providers because of past negative experiences
- Lack of knowledge about what services are available and the cost involved
- Fear of disclosure due to immigration status
SAVE Model Protocol: How to Screen for Sexual Assault

Here is a model screening protocol for you to follow when talking to patients about sexual assault. Learn the easy S-A-V-E acronym to help you remember the steps. This information is summarized on our SAVE cards so you can keep the information in your pocket, on your clipboard or in patient rooms—wherever it will help you the most.

**SCREEN all of your patients for sexual violence**

Any woman you see could be the victim of sexual violence. Since every female is vulnerable, all women patients, new and returning ones, need to be screened.

Health care providers are often the people that women want to tell about these experiences, but they first need to be asked. Patients need to feel safe in order to talk, so they need to be asked about sexual violence without their partners, parents, children or friends in the room. Conduct screening in a room that has a door shut for privacy.

Most important, confidentiality needs to be assured. If what your patient tells you about sexual violence will not be kept confidential, she needs to be told this before she answers your questions. It’s important to assure patients that sexual violence will not be reported to the authorities unless a child or dependent person is currently at risk, or unless the survivor decides she wants to call them. Staff must not discuss this information with one another unless it is relevant to the patient’s care. All staff need to be aware of what confidentiality means (and may need to sign a privacy pledge), especially in small communities.

**ASK direct questions in a non-judgmental way**

Begin by normalizing the topic of sexual violence to the patient. This will give the questions a context and assist in not frightening or upsetting the patient. It will also allow the questions to sound caring and concerned.

Do not use formal, technical, or medical language, as this can create confusion and inhibit communication.
Everyone will come up with his or her own style of asking patients about sexual violence. However, certain guidelines should be followed:

- Make eye contact with the patient when you ask her about sexual violence and when she answers you
- Stay calm, avoiding very emotional reactions to what she tells you
- Never blame a patient for sexual violence she has experienced, even if she blames herself
- Do not dismiss what she tells you even if she does. Many victims minimize what happened to them as a way of surviving the abuse

Examples of ways to ask questions about sexual violence

“I know that we just met, and yet I have to ask you all of these personal questions. Let me explain why. We need to find out why you have these symptoms, and answering these questions can help us figure this out.”

“As your new doctor, I’d like for us to have an open and honest relationship so that we can get you the best care possible. I know it’s a very personal thing, but I need to ask you about your sexual history.”

“I am now asking all my patients this question because I realize it is important to know what has gone on and what is going on in their lives. For instance, someone can be traumatized by witnessing or experiencing violence...”

“I am starting to ask all my patients about sexual assault because it is such a big problem in women’s lives and it can hurt them in so many ways. I want you to tell me about anything in your past that may have confused or hurt you so that I can help you in the right way.”

Ask the patient directly:

Have you ever been touched sexually against your will or without your consent?

Have you ever been forced or pressured to have sex?

Do you feel that you have control over your sexual relationships and will be listened to if you say “no” to having sex?

Wait for each answer. Don’t rush on to the next question.

There may be patients that you find yourself hesitating to screen, but it is important to understand why it seems harder to approach certain patients. An 80-year-old woman may seem too old to ask, but she may have been sexually assaulted many years ago and may never have been given permission to talk about this. You may find it awkward to talk to a person with a disability because you are not sure if they are sexually active or not. Recognize that older adults and people with disabilities are at increased risk for victimization for violence because of their vulnerability, and they often suffer in isolation and silence.

A pregnant woman may not seem to be the right patient to ask about sexual violence. Yet we know that pregnant women are sexually abused and that approximately 5% of all rape survivors become pregnant from the rape. Pregnancy is also a time when complex feelings about women’s bodies and histories come to the surface.

VALIDATE the patient

If the patient answers “yes” to any or all of these questions, then validate her by telling her:

- You believe her
- You do not blame her for what happened
- She is not alone
• It is brave of her to tell you this, especially if this is the first time she has talked to anyone
• This is important information for you to know for her healthcare
• Your relationship with her will not change because of her disclosure
• Help is available
• The two of you can work together as a team
• That telling you is a hopeful sign and a big first step
• You now need to get more information that will help you work together

Providers need to respond to a woman who discloses sexual assault in a calm but caring manner. Do not judge her or use judgmental words. When people hear about upsetting incidents, they sometimes respond by trying to right the situation instead of listening. It is important for providers to let the patient know that she is not to blame for what happened and that the provider can help her. It is also important to remember that the survivor, after hearing possible options, needs to decide what her next steps will be. The provider should never tell her what to do. Instead, try to assist her with alternatives. Allowing her to choose is an important step in healing.

Offer her empathy and understanding. If you have had a secret you felt ashamed of or feared others would humiliate you if you told them, then you can identify with how survivors of sexual violence often feel.

• Think: if this were you, how would you want to be treated?
• What way would you want to be helped to disclose your secret?
• What could another person do to assist you to get past these negative, frightening feelings about yourself and the secret?

Providers should know that some survivors may need to wait a while before they can disclose the abuse to them. Rape survivors may have lost their ability to trust because the abuse has fractured their ability to do so. They may see most people as potential abusers, including healthcare providers. Given what has happened to them, this may be the only way they know to protect themselves.

It is important not to expect survivors to move at a given pace in their recovery. Many people contemplate change for a long time before ever taking any steps. So this patient may need to know you for quite a while before she ever tells you her secrets. Even after disclosing she may not be ready to reach out and get any help for quite some time. Respect her pace and her recovery path.

Support her healing, encourage her when things are tough and commend her improvements. Be an advocate by helping her make and keep appointments to see you, offer her good referrals, and coordinate your care with other providers.

What if the assault happened recently?

Women who have been victimized recently may decide to undergo a forensic examination. Victims do not need to report to law enforcement in order to receive a forensic examination and will not be charged for the exam, regardless of whether or not they choose to report the assault to law enforcement. Typically, forensic exams take place in an ER or freestanding trauma site. The best person to conduct a forensic exam is a Sexual Assault Nurse Examiner (SANE) or trained physician. Doctors in Florida are not required to report sexual violence when the victim is an adult, unless that adult is
dependent upon another for her physical care.

It is up to the patient to choose her next step. Providers can explain the survivor’s options and the potential consequences of each. Ask survivors about their medical concerns and explain what medical care is available, i.e., antibiotics for possible STIs and emergency contraception to avoid pregnancy. Strategize the best ways to meet her needs.

Realize that the survivor may be in a state of shock and confusion. If so, refer the survivor to a local rape crisis center where she can talk to a trained victim advocate about her concerns. The most important thing to remember about talking to and treating victims is to avoid causing them a “second injury” by using blaming, judgmental language or pressuring them into making a decision. If you need help talking to her about her options, a rape crisis victim advocate can help you, too.

**EVALUATE, educate and refer**

If the patient answers “yes” to any of your questions about sexual violence, there is certain information you need to know. You do not have to ask to hear the whole story of what happened and most survivors do not need to tell you the whole story, but it is important to know:

- What type of violence was it? Who was the perpetrator and when did it happen?
- Is she in any present danger from the perpetrator?
- How does she feel this is affecting her now physically and psychologically (in addition to any symptoms you are aware of)?
- Has she had any suicidal ideation/attempts?
- Is she using drugs and/or alcohol?

**If the patient answers “NO” to your questions:**

A number of patients may answer “no” even though they actually are victims of sexual violence. They may not feel comfortable disclosing this, particularly the first time they meet you and/or the first time they are asked because they haven’t yet established a trusting enough relationship with you.

Since this is probably the first time the majority of your patients have been asked about sexual violence, it may take them awhile to feel comfortable enough to answer honestly. After having kept this secret for a long time it is not easy to spontaneously talk about it. Some patients may also not be clear that what has happened to them is sexual violence. They may have fears about asking their questions and soliciting your opinion about their experiences. You may have to ask her about this at another time.

Some patients who answer “no” may never have been victims of sexual violence. These patients need prevention information and to know that they can talk to you in case sexual violence happens to them in the future.

**If the patient answers “I DON’T KNOW” to your questions:**

Some women may be confused about what happened to them and may be unsure that what happened to them would be considered sexual violence. For the woman who is uncertain about her experience, she may at some point be able to initiate a discussion with you about it. This would be an opportunity to listen to her, ask some questions and educate her about sexual violence. You may be the first person she has
confided in and it is important to help her understand and name what has happened to her. She may then need to talk with a rape crisis victim advocate or counselor to discuss this further.

For many women there is confusion about sexual violence because:
- It involved a pre-existing relationship
- It happened in private
- The perpetrator denied or minimized the victim’s experience
- It feels shameful
- Our society blames victims for what happened to them
- The victim feels violated and wishes her memories and thoughts would go away

Educate all women about sexual violence: that it happens, that there are physical and psychological consequences and that there are places to go to get help. This communicates to patients that you want to know if it happens to them.

How Do I Refer Patients for Help with Sexual Assault Issues?

In addition to the medical specialists you customarily use for referral care, there are a number of resources that survivors of sexual violence need. These include: psychological, legal, social, crisis services, support groups, hotline services, housing, vocational and other community based referrals. It is important that victims of sexual assault have access to a wide range of support services specifically designed to meet her needs. In Florida, every victim has access to a rape crisis program that can help her find the services she needs. Every medical professional needs to know how to refer his or her patients to the nearest rape crisis program. Check the listing in the back of this manual to find your nearest program. They can also offer training for you and your staff and can help you create an individualized screening protocol for your office. It is also helpful for you to know which mental health professionals in your community work with sexual assault survivors and which ones offer trauma reduction therapies.

It is important to offer a survivor of violence referrals that are relevant to her situation. Using the information you have gathered through the questions you have asked her, you will now know whether this is a crisis or a more stable situation. This information can guide you in making a referral. Asking the survivor herself what she needs is also important.

Some survivors will take a referral and act on it immediately. Others will wait awhile, not yet ready to act. Some will need some support and encouragement from the provider before they act. It is frightening and complex to contemplate dealing with a traumatic experience, and it’s not easy to act. If you learn that she has not acted on the referral, find out why and if she needs the referral information again or a different referral.

Tell survivors that you know it can take awhile for survivors to call and make an
appointment at the referral resource you are giving them. Assure them that this is okay, and you will not stop seeing them if they do not take action right away.

It is important when offering survivors a referral to let them say no if they are not ready to take it. You can then leave the door open so they can come to you and ask for it when they are ready.

If you are offering them psychological resources, you may need to tell survivors why you are giving them this type of referral. Since there is a stigma in our culture about mental health treatment, you want to let the patient know that you do not think she is crazy. Assure her that like anyone else who has been through profound trauma, she deserves the support and services a mental health professional can offer.

Your attention to patients’ disclosure and your caring referrals to further help will make a profound difference in the health and well-being of each survivor you assist.

Sensitized care for violence survivors includes:

**Predictability:** Survivors may need to know ahead of time what will happen at their visit and hear a step-by-step explanation of each procedure before beginning. Health care providers may also need to explain to the survivor what they are doing as they do each procedure.

**Control:** Survivors should be asked what they need in terms of care. For instance, they may need to have more control over what they wear when being examined, what procedures are done, and who they see as a health care provider. They may also need to bring someone else into the room if it feels too uncomfortable to be alone with the provider.

**Pacing:** Move at the survivor’s speed, in terms of procedures, tests, and referrals. Health care providers need to follow the lead of the survivor and be aware of...
when they have their own agenda for the survivor’s care or recovery. Survivors who feel that their providers are pushing them before they are ready may leave without receiving any help.

Additionally, you can join with your local rape crisis center to form a Sexual Assault Response Team (SART). A SART is a multidisciplinary group made up of representatives from local law enforcement agencies, the state attorney’s office, the local rape crisis center, local medical facilities, and other interested parties. The group meets to ascertain the needs of survivors and the criminal justice system and determine how best to accommodate them. Collaboration among agencies greatly improves relationships and helps diverse disciplines gain a deeper understanding of each others’ roles and responsibilities and will help providers identify the special needs of their community.

**How Can I Make My Office Survivor Friendly?**

There are many ways to convey the idea that the topic of sexual violence is important to you and your staff. Have information in the office about sexual violence. This tells patients that this is a topic that is discussed as part of a visit to a health care provider’s office. For instance you can:

- Put up posters and put out educational material. This lets patients know that you are aware of the impact of sexual violence in women’s lives.
- Have staff wear buttons that say something about sexual violence. This lets patients know that the staff are sensitized to this topic and are willing want to talk to their patients about it.
- Have material about sexual violence in public areas and in private places, such as the bathrooms, where a patient could take it without being seen.
- Have referrals that are easily accessible to patients such as low-fee and free services, transportation arrangements, multilingual providers, and services that meet a variety of cultural needs

**Who Needs to Be Trained About Sexual Violence?**

Survivors of sexual violence come in contact with many of the staff at a health care facility. The first person a survivor may speak to or see could be the receptionist. But she may also come in contact with the security guard, nurse, physician’s assistant, cleaning person and cashier. All of these people need to be sensitized about
sexual violence. A patient may feel more comfortable disclosing the violence she has experienced to them than to the provider she sees. How these people respond to her direct or indirect disclosure can either make for a positive intervention and help or cause the survivor to shut down. Negative reactions often feel like a “second injury,” traumatizing the patient again.

If sexual violence is to be discussed at health care facilities, staff need to know that if they themselves have been raped (and studies show that a number of providers have experienced violence in their lives), they can talk about it with someone at the facility and get the support and help they need.

What Kind of Training Do People Need?

Not all staff must be trained to the same degree, although everyone at least needs to be aware of the topic. Basic training usually includes: myths about sexual violence, the effects on the survivor, barriers to talking about sexual violence, the staff’s roles with victims of sexual violence and how this will affect work protocols and polices.

Some staff have more contact with patients. Those that are in the position of asking patients about sexual violence or observing symptoms that would lead to discussing this with a patient need to have an in-depth clinical training. The training should include such topics as: the benefits of asking about sexual violence, client barriers to disclosing, skill building on how to ask and how to respond to women who say “yes,” how to educate all patients, and how to assist staff with the effects of asking about and treating sexual violence.

Contact the rape crisis program in your community to arrange educational training. A list of Florida’s centers is printed at the end of this manual.

How to Set up Policies and Protocols About Sexual Violence:

Along with establishing a policy to ask clients about sexual violence you’ll need an office protocol to guide your project. Some questions to think through include:

- Who will ask patients questions about sexual violence?
- How will this be documented in a patient’s chart?
- How will screening for sexual violence affect how the patient is routed through the health care facility?
Everyone needs to be aware of the answers to these questions. Put your protocol in writing and distribute it to each staff member. It’s also useful to discuss the protocol with staff so that each person understands his or her role and responsibilities.

It's very important that you identify your referral places and post them where all staff can find them.

It’s very important that you identify your referral places and post them where all staff can find them. If a patient discloses a need to talk about sexual violence, they can be referred to the rape crisis program or other relevant resources, i.e., legal, social service, vocational, and psychological services.

Tips for Enhancing Sexual Violence Projects:

- Assign a staff member to monitor that patients are being asked about sexual violence and that the answers are documented in their charts
- Assign responsibility to make sure that the referral list is always current
- Create training plans for new staff
- Display literature about sexual violence in a number of places including the women’s bathroom
- Assign the responsibility for refreshing the sexual violence literature
- Assist staff by giving supervision and support on this issue. This will help you and your staff avoid experiencing secondary trauma from listening to patients’ stories of violence
Citations


## Certified Rape Crisis Programs by County

**Alachua**  
*Alachua County Victim Services & Rape Crisis Center*  
218 SE 24 Street  
Gainesville, FL 32641  
Office: 352-264-6760  
Fax: 352-264-6703  
Hotline: 866-252-5439  
Website: [www.co.alachua.fl.us/government/depts/css/vicserv](http://www.co.alachua.fl.us/government/depts/css/vicserv)

**Baker**  
*The Women’s Center of Jacksonville*  
5644 Colcord Avenue  
Jacksonville, FL 32211  
Office: 904-722-3000  
Fax: 904-722-3100  
Hotline: 904-721-7273  
Website: [www.womenscenterofjax.org/index.asp](http://www.womenscenterofjax.org/index.asp)

**Bay**  
*The Salvation Army Domestic Violence & Rape Crisis Program*  
1824 W. 15th Street  
Panama City, FL 32401  
Office: 850-769-7989  
Fax: 850-769-5346  
Hotline: 850-763-0706 or 800-252-2597  

**Bradford**  
*Alachua County Victim Services & Rape Crisis Center*  
218 SE 24 Street  
Gainesville, FL 32641  
Office: 352-264-6760  
Fax: 352-264-6703  
Hotline: 866-252-5439  
Website: [www.co.alachua.fl.us/government/depts/css/vicserv](http://www.co.alachua.fl.us/government/depts/css/vicserv)

**Brevard**  
*Sexual Assault Victim Services (SAVS)*  
Sexual Assault Victim Services (SAVS)  
2725 Judge Fran Jamieson Way, Bldg. D  
Viera, FL 32940  
Office: 321-617-7533  
Fax: 321-637-5668  
Hotline: 321-784-HELP (4357)  
Website: [http://sa18.state.fl.us/vicsvcs/savs.htm](http://sa18.state.fl.us/vicsvcs/savs.htm)

**Broward**  
*Broward County Sexual Assault Treatment Center*  
400 NE 4th Street  
Ft. Lauderdale, FL 33301  
Office: 954-357-5775  
Fax: 954-357-5779  
Hotline: 954-761-7273  
Website: [www.broward.org/sexualassault](http://www.broward.org/sexualassault)

**Calhoun**  
*The Salvation Army Domestic Violence & Rape Crisis Program*  
1824 W. 15th Street  
Panama City, FL 32401  
Office: 850-769-7989  
Fax: 850-769-5346  
Hotline: 850-763-0706 or 800-252-2597  

**Charlotte**  
*Center for Abuse and Rape Emergencies (CARE)*  
P.O. Box 510234  
Punta Gorda, FL 33951  
Office: 941-639-5499  
Fax: 941-639-7079  
Hotline: 941-627-6000 or 941-475-6465  
Website: [www.care-florida.org](http://www.care-florida.org)
Citrus
Haven of Lake and Sumter Counties, Inc.
2600 South Street
Leesburg, FL 34748
Office: 352-787-5889
Fax: 352-787-4125
Hotline: 352-787-1379
Website: www.havenlakesumter.org

Clay
Quigley House Inc.
P.O. Box 142
Orange Park, FL 32067
Office: 904-284-0340
Fax: 904-284-5407
Hotline: 800-339-5017
Website: www.quigleyhouse.org

Collier
Project HELP, Inc.
3123 Terrace Avenue
Naples, FL 34104
Office: 239-649-1404
Fax: 239-649-5520
Hotline: 239-262-7227
Website: www.projecthelpnaples.org

Columbia
Another Way, Inc.
P.O. Box 1028
Lake City, FL 32056
Office: 386-719-2700
Fax: 386-719-2758
Hotline: 866-875-7983

Dixie
Another Way, Inc.
P.O. Box 1028
Lake City, FL 32056
Office: 386-719-2700
Fax: 386-719-2758
Hotline: 866-875-7983

Duval
The Women’s Center of Jacksonville
5644 Colcord Avenue
Jacksonville, FL 32211
Office: 904-722-3000
Fax: 904-722-3100
Hotline: 904-721-7273
Website: www.womenscenterofjax.org/index.asp

Escambia
Lakeview Center, Inc.
1221 W Lakeview Avenue
Pensacola, FL 32501
Office: 850-469-3800
Fax: 850-469-3661
Hotline: 850-433-7273
Website: www.elakeviewcenter.org

Flagler
Children’s Advocacy Center
1011 West International Speedway Boulevard
Daytona Beach, FL 32114
Office: 386-238-3830
Fax: 386-238-3831
Hotline: 800-962-2873
Website: www.childrensadvocacy.org

Franklin
Refuge House
P.O. Box 20910
Tallahassee, FL 32316
Office: 850-922-6062
Fax: 850-413-0395
Hotline: 850-681-2111 or 800-500-1119
Website: www.refugehouse.com

Dade (see Miami-Dade)
Gadsden
Refuge House
P.O. Box 20910
Tallahassee, FL 32316
Office: 850-922-6062
Fax: 850-413-0395
Hotline: 850-681-2111 or 800-500-1119
Website: www.refugehouse.com

Gilchrist
Another Way, Inc.
P.O. Box 1028
Lake City, FL 32056
Office: 386-719-2700
Fax: 386-719-2758
Hotline: 866-875-7983

Glades
Abuse Counseling and Treatment, Inc.
P.O. Box 60401
Fort Myers, FL 33906
Office: 239-939-2553
Fax: 239-939-4741
Hotline: 239-939-3112
Website: www.actabuse.com

Gulf
The Salvation Army Domestic Violence & Rape Crisis Program
1824 W. 15th Street
Panama City, FL 32401
Office: 850-769-7989
Fax: 850-769-5346
Hotline: 850-763-0706 or 800-252-2597
Website: www.uss.salvationarmy.org/uss/www_uss_panama.nsf

Hamilton
Another Way, Inc.
P.O. Box 1028
Lake City, FL 32056
Office: 386-719-2700
Fax: 386-719-2758
Hotline: 866-875-7983

Hardee
Peace River Center for Personal Development, Inc.
P.O. Box 1559
Bartow, FL 33830
Office: 863-413-2708
Fax: 863-413-3079
Hotline: 863-413-2707 or 877-688-5077
Website: www.peace-river.com
Services to: Adults, Adolescents and Persons with Disabilities
Services in: Spanish
Counties Served: Hardee, Highlands and Polk

Hendry
Abuse Counseling and Treatment, Inc.
P.O. Box 60401
Fort Myers, FL 33906
Office: 239-939-2553
Fax: 239-939-4741
Hotline: 239-939-3112
Website: www.actabuse.com

Hernando
Dawn Center of Hernando County
P.O. Box 6179
Spring Hill, FL 34611-6179
Office: 352-686-8759
Fax: 352-684-7941
Hotline: 352-799-0657
Website: www.dawncenter.org

Highlands
Peace River Center for Personal Development, Inc.
P.O. Box 1559
Bartow, FL 33830
Office: 863-413-2708
Fax: 863-413-3079
Hotline: 863-413-2707 or 877-688-5077
Website: www.peace-river.com
Hillsborough
Crisis Center of Tampa Bay
One Crisis Center Plaza
Tampa, FL 33613
Office: 813-264-9961
Fax: 813-969-4950
Hotline: 813-234-1234
Website: www.crisiscenter.com

Holmes
The Salvation Army Domestic Violence &
Rape Crisis Program
1824 W. 15th Street
Panama City, FL 32401
Office: 850-769-7989
Fax: 850-769-5346
Hotline: 850-763-0706 or 800-252-2597
Website: www.uss.salvationarmy.org/uss/
www_uss_panama.nsf

Indian River
Sexual Assault Assistance Program
411 South Second Street
Fort Pierce, FL 34950-1594
Office: 772-462-1306
Fax: 772-462-1214
Hotline: 866-828-7273
Website: www.sao19.org/sexual_assault.htm

Jackson
The Salvation Army Domestic Violence &
Rape Crisis Program
1824 W. 15th Street
Panama City, FL 32401
Office: 850-769-7989
Fax: 850-769-5346
Hotline: 850-763-0706 or 800-252-2597
Website: www.uss.salvationarmy.org/uss/
www_uss_panama.nsf

Jefferson
Refuge House
P.O. Box 20910
Tallahassee, FL 32316
Office: 850-922-6062
Fax: 850-413-0395
Hotline: 850-681-2111 or 800-500-1119
Website: www.refugehouse.com

Lafayette
Another Way, Inc.
P.O. Box 1028
Lake City, FL 32056
Office: 386-719-2700
Fax: 386-719-2758
Hotline: 866-875-7983

Lake
Haven of Lake and Sumter Counties, Inc.
2600 South Street
Leesburg, FL 34748
Office: 352-787-5889
Fax: 352-787-4125
Hotline: 352-787-1379
Website: www.havenlakesumter.org
Counties Served: Citrus, Lake and Sumter

Lee
Abuse Counseling and Treatment, Inc.
P.O. Box 60401
Fort Myers, FL 33906
Office: 239-939-2553
Fax: 239-939-4741
Hotline: 239-939-3112
Website: www.actabuse.com

Leon
Refuge House
P.O. Box 20910
Tallahassee, FL 32316
Office: 850-922-6062
Fax: 850-413-0395
Hotline: 850-681-2111 or 800-500-1119
Website: www.refugehouse.com

Levy
Another Way, Inc.
P.O. Box 1028
Lake City, FL 32056
Office: 386-719-2700
Fax: 386-719-2758
Hotline: 866-875-7983
Liberty
Refuge House
P.O. Box 20910
Tallahassee, FL 32316
Office: 850-922-6062
Fax: 850-413-0395
Hotline: 850-681-2111 or 800-500-1119
Website: www.refugehouse.com

Madison
Refuge House
P.O. Box 20910
Tallahassee, FL 32316
Office: 850-922-6062
Fax: 850-413-0395
Hotline: 850-584-8808 or 800-500-1119
(Taylor & Madison Counties)
Website: www.refugehouse.com

Manatee
Manatee Glens Rape Crisis Services
379 6th Avenue W
Bradenton, FL 34205-8820
Office: 941-782-4100
Fax: 941-782-4395
Hotline: 941-708-6059
Website: www.manateeglens.org

Marion
Ocala-Marion County Sexual Assault Center
P.O. Box 2193
Ocala, FL 34478
Office: 352-351-4009
Fax: 352-351-9455
Hotline: 352-622-8495 or 352-622-5919
Website: www.ocaladvshelter.org

Martin
Sexual Assault Assistance Program
411 South Second Street
Fort Pierce, FL 34950-1594
Office: 772-462-1306
Fax: 772-462-1214
Hotline: 866-828-7273
Website: www.sao19.org/sexual_assault.htm

Miami-Dade
M.U.J.E.R., Inc.
27112 South Dixie Highway
Naranja, FL 33032
Office: 305-247-1388
Fax: 305-247-1362
Hotline: 305-763-2459
Website: www.mujerfla.org/

Roxcy Bolton Rape Treatment Center
1611 NW 12th Avenue
Miami, FL 33136-1005
Office: 305-585-5185
Fax: 305-585-7560
Hotline: 305-585-7273
Website: www.jhsmiami.org/body.cfm?id=164

Monroe
Call 1-888-956-7273

Nassau
The Women’s Center of Jacksonville
5644 Colcord Avenue
Jacksonville, FL 32211
Office: 904-722-3000
Fax: 904-722-3100
Hotline: 904-721-7273
Website: www.womenscenterofjax.org/services/rape-recovery.asp

Okaloosa
Bridgeway Center, Inc.
137 Hospital Drive
Fort Walton Beach, FL 32548
Office: 850-833-7500
Fax: 850-833-7528
Hotline: 850-244-9191 (Fort Walton Beach)
850-682-0101 (Crestview)
Website: www.bridgewaycenter.org

Okeechobee
Sexual Assault Assistance Program
411 South Second Street
Fort Pierce, FL 34950-1594
Office: 772-462-1306
Fax: 772-462-1214
Hotline: 866-828-7273
Website: www.sao19.org/sexual_assault.htm
Orange
Victim Service Center of Central Florida
1801 Lee Road, Suite 165
Winter Park, FL 32789
Office: 407-644-2577
Fax: 407-644-4855
Hotline: 407-497-6701
Website: www.victimservicecenter.com

Osceola
Victim Service Center of Central Florida
1801 Lee Road, Suite 165
Winter Park, FL 32789
Office: 407-644-2577
Fax: 407-644-4855
Hotline: 407-497-6701
Website: www.victimservicecenter.com

Palm Beach
Palm Beach County Victim Services
205 N Dixie Hwy, Suite 5-1100
West Palm Beach, FL 33401
Office: 561-355-2418
Fax: 561-355-3097
Hotline: 561-833-7273 or 866-891-7273/
TTY#561-355-1772
Website: www.pbcgov.com/publicsafety/victimservices/rapecrisis.htm

Pasco
Sunrise of Pasco County, Inc.
P.O. Box 928
Dade City, FL 33526-0928
Office: 352-521-3358
Fax: 352-521-3099
Hotline: 352-521-3120 or 888-668-Rape (7273) for West and Central Pasco
Website: www.sunrisepasco.org

Pinellas
Suncoast Center Inc., Rape Crisis Program
2188 58th Street N
Clearwater, FL 33760
Office: 727-535-9811
Fax: 727-530-7423
Hotline: 727-530-RAPE (7273)
Website: www.suncoastcenter.org

Polk
Peace River Center for Personal Development, Inc.
P.O. Box 1559
Bartow, FL 33830
Office: 863-413-2708
Fax: 863-413-3079
Hotline: 863-413-2707 or 877-688-5077
Website: www.peace-river.com

Putnam
Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177
Office: 386-326-3200 ext. 3261
Fax: 386-326-3350
Hotline: 386-325-3141

Santa Rosa
Lakeview Center, Inc.
1221 W Lakeview Avenue
Pensacola, FL 32501
Office: 850-469-3800
Fax: 850-469-3661
Hotline: 850-433-7273
Website: www.elakeviewcenter.org

Sarasota
Safe Place and Rape Crisis Center, Inc. (SPARCC)
2139 Main Street
Sarasota, FL 34237
Office: 941-365-0208. ext/ 128
Fax: 941-365-4919
Hotline: 941-365-1976
Website: www.sparcc.net

Seminole
Sexual Assault Victim Services (SAVS)
2725 Judge Fran Jamieson Way, Bldg. D
Viera, FL 32940
Office: 321-617-7533
Fax: 321-637-5668
Hotline: 321-784-HELP (4357)
Website: http://sa18.state.fl.us/vicsvcs/savs.htm
St. Johns  
Betty Griffin House  
1375 Arapaho Avenue  
St. Augustine, FL 32084  
Office: 904-808-8544  
Fax: 904-808-8338  
Hotline: 904-824-1555  
Website: www.bettygriffinhouse.org

St. Lucie  
Sexual Assault Assistance Program  
411 South Second Street  
Fort Pierce, FL 34950-1594  
Office: 772-462-1306  
Fax: 772-462-1214  
Hotline: 866-828-7273  
Website: www.sao19.org/sexual_assault.htm

Sumter  
Haven of Lake and Sumter Counties, Inc.  
2600 South Street  
Leesburg, FL 34748  
Office: 352-787-5889  
Fax: 352-787-4125  
Hotline: 352-787-1379  
Website: www.havenlakesumter.org

Suwannee  
Another Way, Inc.  
P.O. Box 1028  
Lake City, FL 32056  
Office: 386-719-2700  
Fax: 386-719-2758  
Hotline: 866-875-7983

Taylor  
Refuge House  
P.O. Box 20910  
Tallahassee, FL 32316  
Office: 850-922-6062  
Fax: 850-413-0395  
Hotline: 850-584-8808 or 800-500-1119  
(Taylor & Madison Counties)  
Website: www.refugehouse.com

Union  
Alachua County Victim Services & Rape Crisis Center  
218 SE 24 Street  
Gainesville, FL 32641  
Office: 352-264-6760  
Fax: 352-264-6703  
Hotline: 866-252-5439  
Website: www.co.alachua.fl.us/government/depts/css/vicserv

Volusia  
Children’s Advocacy Center  
1011 West International Speedway Boulevard  
Daytona Beach, FL 32114  
Office: 386-238-3830  
Fax: 386-238-3831  
Hotline: 800-962-2873  
Website: www.childrensadvocacy.org

Wakulla  
Refuge House  
P.O. Box 20910  
Tallahassee, FL 32316  
Office: 850-922-6062  
Fax: 850-413-0395  
Hotline: 850-681-2111 or 800-500-1119  
Website: www.refugehouse.com

Walton  
Call: 1-888-956-7273

Washington  
The Salvation Army Domestic Violence & Rape Crisis Program  
1824 W. 15th Street  
Panama City, FL 32401  
Office: 850-769-7989  
Fax: 850-769-5346  
Hotline: 850-763-0706 or 800-252-2597  
Website: www.uss.salvationarmy.org/uss/www_uss_panama.nsf
Screening Your Patients for Sexual Assault

Screen all your patients. Ask direct questions. Validate their response. Evaluate, educate and refer.