

Tip Sheet: When Advocacy Response is not Available

Successful engagement of the advocacy community is a key part of establishing your teleSAFE project. However, this cannot always be achieved through in-person accompaniment to spoke sites.

This tip sheet reflects some of the workarounds teleSAFE and advocacy centers have employed when there is no capacity to provide in-person accompaniment by an advocate. The purpose of this tip sheet is to encourage creative thinking and share evolving strategies to address the lack of availability of in-person advocates and the provision of equitable care for patients.

[National Standards](#) for sexual assault medical forensic care includes a coordinated response with a local advocacy program, a key stakeholder to engage in the implementation of a teleSAFE project. You can access organizations in your area through the [organization directory](#) of the National Sexual Violence Resource Center. Ideally, every spoke site would be connected with a well-established advocacy organization able to provide skilled advocates on a 24/7 basis. In practice, these services are not always available in a specific geographic region. TeleSAFE project leaders have been confronting this challenge as the project has grown.

The following are three strategies being explored and utilized by other teleSAFE projects as workarounds for in-person advocacy accompaniment. Additionally, the COVID-19 pandemic has demonstrated the need and benefits of establishing additional options to consider, even when an advocacy center typically provides this service to your spoke site.

The strategies described below can be used individually or in combination. You are not alone in addressing this challenge and hopefully, these ideas spark an interest in learning more and partnering with your state coalition and local advocacy program to address the advocacy gaps that may exist in your teleSAFE project.

Options for Consideration

Tele-Advocacy

When an advocacy center is available, but not for in-person accompaniment, developing a remote solution can be a sustainable way to provide services. These services can be phone or video-based. **While there are significant advantages, there are also challenges that will need to be discussed as you develop tele-advocacy programming.**

Technology readiness-Privacy and security of the connection will need to be established. There will need to be an advocate available who has an appropriately quiet and private space or the ability to get to an office (or even the hub site). Some centers have the advocate on-screen with the hub site clinician, with the recognition and ability to provide complete privacy for patient-advocate privilege. Logistics, capacity, and sustainability will all need to be part of

the planning process. Click here to review and share this [technology toolkit](#) by the National Network to End Domestic Violence to assist you in assessing your readiness to provide tele-advocacy services.

Advantages-Allows the patient to **begin their connection with the advocacy program** that has the ability to focus on the patient's needs exclusively. Additionally, if the sustainable capacity does not exist at the local advocacy center, services may be provided by a distant advocacy center.

Challenges- The patient's expressed needs are paramount and more technology can add stress at a time of trauma. Some patients may not be comfortable using technology. For clinicians and spoke sites who rarely work with patients who have been sexually assaulted, **ensuring a remote connection to the advocate may feel cumbersome and awkward.**

Pro Tips:

1. *Ensure there is a secure and known location in the emergency department for equipment such as a tablet or laptop.*
2. *Have written instructions accessible for how to connect to the advocate.*
3. *Ensure time for the advocate and patient to connect privately whenever possible.*
4. *Practice with the advocacy program! Roleplay offers resources to the patient and establishes the remote connection with the advocate.*

Warm Referral

This is best done, if/when possible, with a systematic referral plan to a named advocate (or two) that the patient can call. [Click here for some tips on making a trauma-informed referral.](#)

Resources Needed - There is a range of approaches to building a bridge for patients to advocacy services and care should be taken to ensure that the patient's privacy is upheld. The development of an [MOU](#) is highly recommended to ensure clear expectations and as seamless a process as possible for the patient to connect to the advocacy center.

Advantages: A positive and warm referral from the spoke site is relatively easy for clinicians to provide to the patient, even if the site rarely cares for patients who have been sexually assaulted. Checklists can ensure that the referral is given as an expected part of care.

Challenges: If specific advocate names and numbers are used for the referral, these will need to be kept up to date, which may not be practical for sites with lower patient volumes. Additionally, it may be anxiety-provoking for patients to have to reach out to a new organization when they have not had contact with them before. The clinician's familiarity with the center and the written information provided to the patient can mitigate these concerns.

Pro Tips

1. *Depending on the advocacy program practice and the established MOU, consider having the patient sign a release so that an advocate can call them back. This does have implications for the patient's privacy and some advocacy centers will not establish this type of referral system.*

2. *Get to know the staff in the advocacy program by name and attend their training and community events. And, invite them to yours!*

Written Packet

Resources Needed: A packet of materials that provide basic information including the name of the advocacy center and their relationship with the hospital. A brochure or [1-pager on how to access the advocacy center](#) through their hotline and online. Care should be taken to keep the packet small, written in simple language, and provided to the patient in an unidentified envelope, [click here for accessibility guidance](#). For patients who do not feel comfortable taking written materials, the website and information can be reviewed with them or provided on a card that can fit into a wallet for discretion. Patients can then access the resources when they have the safety and privacy to do so.

Advantages: Packets and cards can be made ahead of time and are easy to provide.

Challenges: Issues such as language accessibility and safety will need to be discussed and alternatives should be provided for frequent needs (such as having translated materials in the languages most needed).

Pro Tips

1. *The spoke site and advocacy program can establish an annual review and update the packet of materials. This can be another touchpoint to build the relationship.*
2. *This information can be given alongside discharge instructions to all patients receiving care after a sexual assault. Care should be taken to ensure that information in the packet is gender inclusive.*
3. *Materials that address the needs of the patient should also be developed. For example, a list of additional referral sites for commonly expressed needs such as shelter, addiction resources, and culturally specific organizations.*

Additional resources to look for:

- **State Advocacy tip sheet**
- **Advocacy Engagement tip sheet**
- **Role of the Advocate FAQ**

MOU for the Provision of Sexual Assault Advocate Services to the MEDICAL FACILITY

[RAPE CRISIS CENTER] and [MEDICAL FACILITY] aim to provide a response to sexual assault victims which promotes consistency, respect, and cultural responsiveness. The participating entities herein share certain community goals and purposes when providing victim-centered care. RAPE CRISIS CENTER and MEDICAL FACILITY agree to fulfill the roles and responsibilities outlined here to the best of their abilities and as resources allow.

Roles and Responsibilities

RAPE CRISIS CENTER will provide on-call sexual assault advocacy at MEDICAL FACILITY. RAPE CRISIS CENTER will provide for the training of advocates. RAPE CRISIS CENTER will also provide training and other technical assistance as may be necessary and reasonable to the MEDICAL CENTER staff. MEDICAL FACILITY will provide trained staff to conduct the medical forensic examination.

RAPE CRISIS CENTER will:

- Respond to requests for advocacy and accompaniment to forensic exams within [TIME] of being called by the MEDICAL FACILITY.
- Obtain consent from the patient before engaging in advocacy.
- Maintain privileged communication with patients as required by law and the RAPE CRISIS CENTER policies.
- Provide training to the MEDICAL FACILITY'S staff on sexual violence and the role of the rape crisis center.
- Create a safety plan for patient before they are discharged.
- Communicate any questions or concerns to the MEDICAL FACILITY'S designated point of contact.

MEDICAL FACILITY will:

- Prioritize sexual assault patients in the emergency room.
- Provide a private waiting area or room for sexual assault patients.
- Contact the RAPE CRISIS CENTER immediately when a sexual assault patient presents at the MEDICAL FACILITY.
- Provide a medical professional trained in the medical forensic examination at the bedside or connect with a SANE through teleSAFE technology
- Provide options to the patient for treatment and evidence collection.
- Obtain informed consent from the patient before beginning the medical forensic examination or collecting evidence.

- Provide information and treatment, as needed, to the patient on pregnancy and STI/HIV prevention. Provide resources to support the emotional, financial, and other needs of the patient.
- Communicate any questions or concerns to the RAPE CRISIS CENTER'S designated point of contact.

Authorized Signatures

Authorized person for: _____
(Agency/Organization)

Signature

Date

Print Name

Title

Authorized person for: _____
(Agency/Organization)

Signature

Date

Print Name

Title

Name of Advocacy Center

Hotline #

Website

It can take courage to go to the hospital after a sexual assault.
We are glad you have taken such an important step in caring for yourself.

This packet is an introduction to *** Name of Advocacy Center*** and the resources that are available to you.

At ***Advocacy Center Name*** we are here for you 24/7. You can reach us by calling the hotline number XXX.XXX.XXXX or learn more about us from our website XXX.XXXX.

We are here whenever you feel you need us whether that is today, weeks from now, or even years from now.

Anyone who was sexually assaulted, or is supporting someone who was, is welcome to contact us anytime.

Here are some examples of reasons people may reach out:

I can't figure out how to get the medication I was told I should take at the hospital.

I am feeling so numb (anxious, fearful), I am not sure what to do.

I made a report to the police but have not heard anything in months.

I can't concentrate at work/school.

I thought I was doing great this past year. But now, with the anniversary of my assault coming up, I am feeling fearful every day and having trouble sleeping.

We hope you will reach out.

All of our services are free of charge and provided by people who care about you.