

FAQs on the Role of Victim Advocates in Tele-Sexual Assault Forensic Exams¹

This document was developed for the healthcare provider, therefore, the term ‘patient’ will be used to reference the individual who has experienced sexual assault. Different disciplines within the Sexual Assault Response Team / Multidisciplinary Team may use the term *victim* or *survivor* when referencing the individual who has experienced sexual assault.

What is a victim advocate?

Victim advocates are professionals trained to support victims of crime. Advocates offer information, emotional support, help in finding resources and are able to assist with victims’ compensation information and applications. Advocates accompany patients at the hospital and provide support during the sexual assault medical-forensic exam. They may also go to police departments or court to provide knowledgeable support. Advocates may contact criminal justice, social service agencies, and others to obtain help and information that supports the patient in the aftermath of sexual violence. The specific duties of the role will depend on the organization where the advocate is working. Victim advocates staff crisis hotlines, run support groups, or provide in-person counseling. The titles will differ too: victim advocates may also be called survivor advocates, victim service providers, victim/witness coordinators, or victim/witness specialists.²

What is the difference between a community-based victim advocate and a system-based victim advocate?

While all victim advocates support victims of crime, there can be substantial differences in their roles and focus. Community-based advocates serve patients who have experienced sexual assault regardless of whether they report the crime to the criminal justice system; systems-based advocates generally serve victims whose cases are in the criminal justice system. Systems-based advocates are not able to offer the sexually assaulted patient confidential services; community-based advocates typically can. Some systems-based advocates work with all crime victims; community-based advocates are often specially trained in working with victims of sexual assault or intimate partner violence.³ Some community-based advocate programs

¹ These questions are based on the assumption that the spoke site will reach out to a local advocate in their area who can be present (in person) during the exam. Additional FAQs should be developed if the hub site begins to offer “tele-advocacy” for those spoke sites that do not have access to local advocates

² National Center for Victims of Crime. <https://members.victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/what-is-a-victim-advocate->

³ SART Toolkit: Resources for Sexual Assault Response Teams. <https://www.nsvrc.org/sarts/toolkit/3-3>

participate in the multi-disciplinary response and help survivors whose cases are in the criminal justice system in the absence of systems-based advocates.

What kind of training does an advocate receive?

Some advocates are paid staff, and others are volunteers. Many advocates have academic degrees that prepare them to work with victims such as social work, criminal justice, education or psychology, while others receive pre-job and on the job training on the specific knowledge and skills needed for the work.⁴

What is the role of the advocate during the medical-forensic examination?

Advocacy organizations are critical in publicizing the availability of services and should be seen as an essential partner for community outreach and education. An individual advocate's role is to provide information and support to patients before, during, and after the medical-forensic exam. When a patient presents as a victim of sexual assault at the hospital or clinic, an advocate is contacted to come to the hospital and offer their services to the patient. The patient may accept or decline to use the services of an advocate. If the patient accepts, the victim advocate provides information about the exam, educates them about their rights, offers to be present in the room during the exam for emotional support, and follows up with services, referrals, and other information.

When should the advocate be called?

An advocate should be requested at the time that the patient presents for a medical-forensic exam at a hospital emergency department or clinic. The advocate can explain their role to the patient in person and with that information, the patient can accept or decline the assistance. Clinical teams should work collaboratively with their local community-based advocacy agency to develop a plan as to when and how the clinician should access an advocate and what the plan will be if there is not an advocate available. At the very least, clinicians should be familiar enough with advocacy services to explain the kind of support a community based advocate will provide during the exam, as well as the post-assault services available to the patient. Protocols should be set up in advance with clear roles and responsibilities. Regular feedback loops should be established to process the inevitable bumps that will happen and to continually improve the partnership and the response.

Why is it important to offer the services of an advocate to a patient?

Victims of sexual assault experience significant trauma, guilt, and fear as a result of the victimization. Many do not realize they have rights or know that help is available to them free of charge. Advocates can ensure that patients have answers to their questions, know where to go for help, receive emotional support for their trauma, are accompanied to court, and understand

⁴ National Center for Victims of Crime. <https://www.ovcttac.gov/saact/index.cfm>

their rights. Although survivors often seek the support of friends, family and faith communities, many patients and their families find the privacy and guidance of an advocacy organization critical in their steps toward healing and justice. Regaining a sense of control is a vital component of the healing process, if after a full explanation, the patient still declines the presence of an advocate, this must be respected in keeping with a patient-centered response. Provide local victim advocacy organization service materials for future reference, as well as the toll-free hotline number to the Rape, Abuse, and Incest National Network (RAINN), 1-800-656-4673.

Would it help if my hospital established a formal arrangement with an advocacy organization to provide services to patients?

Some hospitals have found that entering into a written agreement with a victim services organization helps to solidify and define the commitment between them and establish a guide for accountability and partnership. Many use a Memorandum of Understanding (MOU) to clearly spell out the roles and responsibilities and the communication expectations of each entity for the duration of the particular partnership. MOUs are typically signed by the executive leadership of their respective organizations. A sample MOU template developed by the State of Illinois can be found [here](#).

What kind of training might our team provide or benefit from through a partnership with an advocacy organization?

Cross-training among partner organizations is essential for establishing trust, respect, and understanding of each other's roles and responsibilities. For example, the director of a SANE program may want to invite advocates to attend a special training or to the entire 40-hour forensic nurse examiner training, especially if the hospital provides it in person. Both organizations need training on the laws and reporting options for patients of various ages and circumstances. Often attending such trainings together is helpful to build relationships and a better understanding of each organization. The head of the advocacy organization may want to invite SANEs to their monthly advocate training to learn more about the sexual assault services available in the community. If the SANE program and the advocacy organization belong to a multi-disciplinary team such as a Sexual Assault Response Team (SART), cross-training among all the partners (law enforcement, prosecution, crime lab) is strongly encouraged and considered best practice. Building a strong collaboration takes work, but benefits everyone, especially the victims being served.⁵

⁵ Office for Victims of Crime. <https://www.ovcttac.gov/saneguide/multidisciplinary-response-and-the-community/>

Can the advocate be in the exam room with the patient during the medical-forensic examination?

Yes, it is typical for an advocate to support the patient throughout the exam. However, patients should receive an explanation of the role of the advocate to be able to make an informed **choice** of having the advocate in the room with them during the exam. Advocates will be working to provide control to the patient throughout and may ask if they would like privacy or a hand to hold depending on the situation.

If the patient wants the advocate in the exam room, where should that individual sit during the medical-forensic exam?

In the case of tele-Sexual Assault Forensic Exam, ideally the advocate will be positioned near the patient's head so the tele-Sexual Assault Nurse Examiner has a full view of the patient. In addition, the advocate should not sit too close to where the evidence is being collected to protect against contamination.

Are advocates required to maintain patient privacy and confidentiality?

Patients generally have a choice to share private information or not. When seeking treatment services in the aftermath of a crime such as sexual assault, the patient may be willing to share sensitive information with the advocate, on the condition that they will hold this information in confidence. Advocates must be able to inform the patient about the limits of their confidentiality, as federal and state laws may require exceptions to that confidence through court order or subpoena.

As this varies by location due to local laws and judicial discretion, we suggest consulting the following references for information of how and when privacy, privilege, and confidentiality rules apply to victim advocates working with sexual assault patients:

Strengthening Sexual Assault Victims' Rights to Privacy

<https://www.ncjrs.gov/pdffiles1/Digitization/226501NCJRS.pdf>

A Primer on Privilege & Confidentiality For Victim Service Providers

<https://nnedv.org/mdocs-posts/assessing-organization-readiness-to-provide-online-advocacy-services/>

Protecting Victims' Privacy: Confidentiality and Privilege Primer

<https://law.lclark.edu/live/files/25187-ncvli-newsletter---protecting-victims>

What type of information is appropriate to share with the advocacy organization prior to the victim advocate's arrival (e.g., whether the patient has special needs, is elderly, has a disability, is incarcerated or in the military⁶)?

When calling for an advocate, let the organization know that a patient is at the hospital for a medical forensic exam. It is only necessary for basic information about the patient to be provided, however, some advocacy organizations have advocates that are specially trained for various populations, so letting them know that the patient has a disability, requires translation services or has experienced trafficking may help them to provide the most tailored accompaniment services as possible. Disclosing the nature of the offense also enables advocates to enable any additional safety protocols required for specific patient populations, such as with trafficking or gang violence.

In small communities, the patient may know or be related to the advocate on call, posing an additional challenge to confidentiality. For example, in rural Alaska, once the patient has provided consent, the home community and/or the patient's initials may be shared to assess if there is a close relationship between the patient and the on-call advocate.

For programs that work with military patients, it is imperative to have specific training with advocacy services, both community based and military based, so everyone has a clear understanding of shared information that may trigger an unrestricted report. Medical professionals should be able to give patients accurate information about engaging with their support options regardless of if they are civilian or military.

Is it allowable for the victim advocate to meet privately with the patient?

With the patient's informed consent, the advocate should meet privately with the patient. For example, in Alaska, it is required that victim advocates speak privately with the patient. It is stated in the MOU and taught that way in the Alaska Public Safety SART training.

Is it appropriate to ask the advocate to assist with the exam in any way?

No. It is never appropriate to ask the advocate to assist with an exam, and the advocate should never be involved with the evidence collection process. The advocate may ask the SANE if the victim can have a drink, blanket, or something to help provide comfort to the patient and the SANE should consider these requests while balancing patient comfort with evidence collection. A SANE might collect buccal and other mouth evidence earlier in the exam than normal if the patient hasn't eaten all day.

Can an advocate be asked to testify in court about a TeleSAFE case?

No. The advocate is not part of any evidence collection procedure. They do not write down notes or information regarding the exam or patient. Many states have laws that shield the

⁶ National Sexual Violence Resource Center. [Military Sexual Trauma Resource List](#)

advocate from testifying due to the privileged relationship between the advocate and victim. For more information about confidentiality and privilege, see the related FAQ on privacy and confidentiality above.

Is the advocate required to be part of the police report (if one is made)?

Some state's sexual assault evidence collection kit may have paperwork that prompts the examiner to offer the advocacy services, record that they are present during the exam and may request the advocate's name or initials. It is important to have an understanding with the community partners as to the purpose of having the advocate's name in the report or medical chart.

Can a survivor request an advocate of a specific gender?

Depending on the staffing situation at the victim advocacy organization, it may be possible to request a specific gender advocate. This is one reason why it is encouraged to build a strong, positive relationship with the organization and to get to know their staff and services well. It is important to note that advocates are trained for all types of situations. It is also important not to assume that a male patient will want a male advocate or that a female patient will not be comfortable with a male advocate. The key component is the advocate's ability to build an effective rapport with the patient.

What if a victim advocate is not available to accompany the patient during the medical forensic exam (this is especially relevant in cases where an advocate is not allowed in the hospital due to pandemic concerns)?

If a victim advocacy organization is present in the community, but an advocate is not available for the exam or not allowed to be present due to pandemic restrictions, it is recommended that the hospital:

- Develop a back-up plan to provide victim advocacy through telephone or tele-advocacy consultation.
- Communicate with the advocacy organization and other first responders to make them aware of hospital visitor policy changes, screening procedures and use of protective equipment requirements.
- Ask the victim advocacy organization how they are providing direct services and still maintaining safety and providing a caring response. The National Network to End Domestic Violence explores the use of technology with victim services. Follow this link to the [Digital Services Toolkit](#)
- Explore avenues to include the patient's support person during the exam.
- Provide the patient with written resources for the local, state, tribal, and national advocacy organizations.

If there is no local community-based advocacy center in the jurisdiction:

- Develop a plan for clinicians to partner with the closest established advocacy center to be able to offer referrals and resources from the advocacy center.
- Develop a plan for telephone or tele-advocacy communication with the patient during the exam process.
- Provide the patient with recent resources for the local, state, tribal and national organizations.
- Explore using the facility social worker as a backup support, ensuring that they have received the proper trauma-informed education to avoid re-traumatizing the patient.