

Supplemental Digital Content 1

Needs-assessment Survey on the Care of Sexual Assault Patients in the Emergency

Department

1. I know the requirements of the Sexual Assault Survivor Emergency Treatment Act (SASETA).

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I am aware of what elements of the history to obtain from sexual assault patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. I feel adequately trained in trauma-informed care.*

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. I am confident in my ability to avoid re-traumatizing sexual assault patients through my words and actions.

Strongly Disagree Disagree Neutral Agree Strongly Agree

5. I feel comfortable counseling patients about the sexual assault forensic exam.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. I feel comfortable conducting a sexual assault forensic exam using an Illinois State Police Evidence Collection Kit (ISPECK).

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. I am comfortable counseling a sexual assault patient regarding the need for HIV prophylaxis.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. I am comfortable counseling a sexual assault patient regarding STIs.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. I am comfortable counseling a sexual assault patient regarding pregnancy and emergency

contraceptives.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. I understand the legal implications of toxicology screening for sexual assault patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

11. I feel comfortable answering a patient's questions regarding payment for the ED visit.

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. I am aware of the Illinois laws regarding consent, confidentiality, and reporting requirements for sexual assault patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

13. I am aware of the Illinois laws regarding evidence collection, storage, and release of ISPECK for sexual assault patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

14. I am comfortable counseling patients about what will happen to their ISPECK after it is completed.

Strongly Disagree Disagree Neutral Agree Strongly Agree

15. I am aware of my hospital's policies and procedures regarding cases of sexual assault.

Strongly Disagree Disagree Neutral Agree Strongly Agree

16. Sexual assault cases in the emergency department take time away from more critical patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

17. I have the time to conduct a sexual assault forensic exam in a thorough and sensitive manner

Strongly Disagree Disagree Neutral Agree Strongly Agree

18. Part of the physician's role is to determine whether sexual assault occurred.

Strongly Disagree Disagree Neutral Agree Strongly Agree

19. When drugs or alcohol are involved, I think there is a grey area in classifying cases of sexual assault.

Strongly Disagree Disagree Neutral Agree Strongly Agree

20. Sexual assault patients are never responsible for the circumstances leading to their assault.

Strongly Disagree Disagree Neutral Agree Strongly Agree

21. I always think patients who say they have been sexually assaulted are telling the truth.

Strongly Disagree Disagree Neutral Agree Strongly Agree

22. My personal experiences with sexual violence influence how I care for sexual assault patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

23. I think that physicians should be specifically trained to care for sexual assault patients.

Strongly Disagree Disagree Neutral Agree Strongly Agree

Short answer:

1. What are the main systemic and personal barriers you face to treating sexual assault patients?
2. What are your educational gaps about sexual assault patients?

*Trauma-informed care is an approach rooted in the consideration and understanding of the physical, psychological, and emotional impact of trauma for both providers and survivors. It entails allowing survivors to regain a sense of control and empowerment and also includes a vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma.

