



## **Policy/Procedure** **Milwaukee Adolescent Health Program**

### ***Adolescent Sexual Violence/Abuse Screening Tool (ASVAST)***

#### **Objective:**

To provide health care providers with an assessment and intervention tool that will ensure a consistent approach and response to all patients with a suspected or actual history of sexual abuse.

#### **Background:**

In Wisconsin, it is illegal for any adult to have sexual intercourse with anyone under age eighteen; therefore, when professionals are aware of such an occurrence, they are required to report to the child protection authorities. However, according to Wisconsin law, health care providers are exempt from such mandated reporting when providing reproductive health care services to a patient under the age of eighteen. While this exemption allows the patient to obtain confidential reproductive health care without the fear of “being caught”, the health care provider must interpret and apply the laws on a patient-by-patient basis. Certain situations exist both legally and ethically in which health care providers are obligated to report, including:

- ✓ If the sex partner is a caregiver, relative, or adult authority figure;
- ✓ If the client reports having been forced to have sex or promised gifts or money for having sexual contact;
- ✓ If the client reports that he or she was passed out when sex occurred; or if the person is cognitively delayed or disabled.

Use of the ***Adolescent Sexual Violence/Abuse Screening Tool (ASVAST)*** assists the health care provider in determining if a minor is involved in a sexual relationship that violates Wisconsin’s child sexual assault laws. It is hoped that use of this checklist will improve assessment, guide the health care provider’s decision-making process, and serve as documentation of the appropriate action taken. Finally, this screening tool should facilitate consistent reporting of situations involving sexual assault.



## Policy:

Health care providers **must report** the following circumstances to the authorities:

- ✓ The sexual intercourse or contact occurred or is likely to occur with a caregiver
- ✓ The child suffered or suffers from a mental illness or mental deficiency that rendered or renders the child temporarily or permanently incapable of understanding or evaluating the consequences of his or her actions
- ✓ That the child, because of his or her age or immaturity, was or is incapable of understanding the nature or consequences of sexual intercourse or contact
- ✓ That the child was unconscious at the time of the act or for any other reason was physically unable to communicate unwillingness to engage in the sexual intercourse or contact
- ✓ That another participant in the sexual contact or sexual intercourse was or is exploiting the child
- ✓ If the health care provider has any reasonable doubt as to the voluntariness of the child's participation in the sexual contact

## Procedure:

1. **Obtain a health history that includes Section I of the ASVAST.**
2. **Complete the checklist for all clients who respond "yes" to any of the questions in Section I.**
3. **Place the ASVAST in the client's chart.**
4. **Report to the appropriate authority:**

✓ Call the County Protective Service Agent where the child resides<sup>1</sup> for the following situations:

- For all cases containing an affirmative response to the questions in Section I of the ASVAST.
- For cases in which the client will not provide the name of the offender.

✓ In addition, call the police department in the jurisdiction where the sex crime occurred if at least one of the following factors is present:

- Client was forced against their will to have sex
- The alleged intercourse occurred less than 72 hours ago
- Client will have contact with the perpetrator when leaving the clinic
- If the offender is a parent, relative, caregiver or authority figure

✓ Call the Sensitive Crimes Division of the Milwaukee Police Department<sup>2</sup> for sexual assaults occurring in the city of Milwaukee

<sup>1</sup> Milwaukee county residents: Bureau of Child Welfare: (414) 220-7233 (220-SAFE)

<sup>2</sup> Sensitive Crimes Division of the Milwaukee Police Department: (414) 935-7403

5. **Document the client's name in a log for follow-up of report.**

**Adolescent Sexual Violence/Abuse Screening Tool (ASVAST)****FOR PATIENTS UNDER 18 YEARS OF AGE,****I. REPORT SITUATION TO AUTHORITIES IF ANY OF THE FOLLOWING ANSWERS ARE POSITIVE:**

	<u>Yes</u>	<u>No</u>
Is the patient's partner a caregiver, or a relative?	___	___
Is the patient obviously cognitive delayed or disabled in any way?	___	___
Was the patient ever passed out when they had sex with their partner?	___	___
Has the patient ever been forced to have sex against their will?	___	___
Has the patient been promised gifts or money to agree to sexual contact?	___	___
Is the patient's partner an adult authority figure such as a teacher, coach, or boss?	___	___

**FOR PATIENTS UNDER 16 YEARS OF AGE,****REPORT SITUATION TO AUTHORITIES IF ANY OF THE FOLLOWING ANSWERS ARE POSITIVE:**

	<u>Yes</u>	<u>No</u>
Is the patient's partner 5 or more years older than the patient?	___	___
Is the patient 12 years old or younger?	___	___
Is the patient living with their partner independent of either family?	___	___
Has the patient ever been physically assaulted by their partner?	___	___

**II. ADDITIONAL ASSESSMENT QUESTIONS TO ENHANCE YOUR REPORTING DECISION AND DOCUMENTATION**

	<u>Yes</u>	<u>No</u>
<b>Mental deficiency or mental illness</b>		
▪ Does the patient lack the attention span to have a productive discussion?	___	___
▪ Does the patient ask inappropriate questions or make bizarre statements?	___	___
▪ Does the patient demonstrate inappropriate affect or immaturity?	___	___

**Maturity and understanding consequences**

▪ Is the patient unable to name three possible negative results of sexual contact?	___	___
▪ Is the patient unable to verbalize understanding of the teaching?	___	___
▪ Are the patient's parents unaware of the relationship?	___	___
▪ Would the patient's parents want this relationship stopped if they knew?	___	___
▪ The patient <u>DOES NOT</u> enjoy the sexual relationship.	___	___

	<u>Yes</u>	<u>No</u>
<b>Exploitation</b>		
▪ Does the patient use substances when they are having sexual contact?	___	___
▪ Does the partner prevent the patient from spending time with others?	___	___
▪ Does the partner refuse to allow any contraception?	___	___
▪ The patient is afraid of their partner.	___	___
▪ The patient is in a foster care placement.	___	___

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<b>Situation Reported to Child Protective Services?</b>	___	___
<b>Situation Reported to Police?</b>	___	___