



## Position Statement

### Collaboration With Victim Advocates

**Statement of Problem:** Violence is an international public health crisis that requires a comprehensive approach to adequately address the problem.<sup>1</sup> Part of this comprehensive approach includes acknowledging and supporting the integral role of the victim advocate as part of a comprehensive response to victims of violence.

While advocates currently provide services to victims in many settings, there are still situations in which advocates are either not invited to participate as part of a comprehensive response, or they are not included as part of the initial response.

The purpose of this statement is to acknowledge the importance of the Victim Advocate role, to recognize the benefits of the timely inclusion of advocate support when responding to victims of violence, and to encourage the creation of strong collaborative relationships between forensic nurses and advocates in order to provide compassionate evidence-based care to victims.

**Association Position:** The IAFN recognizes and supports the role of the Victim Advocate as part of a victim-centered, coordinated, multidisciplinary team approach to providing services to victims of violence, and particularly to victims of sexual assault. We believe that victim advocates should be involved as first responders in any Coordinated Community Response Team providing services to victims, families, caregivers and others. (A first responder is defined as those individuals who respond immediately to the incident to provide care and treatment.)

Further, we support the policy that victim advocate services are offered and made readily available upon initial victim identification or disclosure. Additionally, it is our considered opinion that nurses and all other team members should collaborate closely with advocates in the development and implementation of community protocols that provide timely access to services for victims. Protocols should also clearly demonstrate understanding and respect for the roles of all members of the Coordinated Community Response Team.

**Rationale:** As stated in the **A National Protocol for Sexual Assault Medical Forensic Examinations**, developed by the U.S. Department of Justice, "Advocates can offer a tangible and personal connection to a long-term source of support and advocacy."<sup>2</sup> The Protocol goes on to recommend that, in order for health care responders to facilitate a victim-centered approach they should "understand the importance of victim (support) services within the exam process....(and) involve victim service providers/advocates in the exam process



(including the actual exam) to offer support, crisis intervention, and advocacy to victims, their families, and friends.”<sup>3</sup>

The **Protocol** recognizes that a coordinated community approach “can help afford victims access to comprehensive immediate care, minimize trauma victims may experience, and encourage them to utilize community resources. It can also facilitate the criminal investigation and prosecution, increasing likelihood of holding offenders accountable and preventing further sexual assaults.”<sup>4</sup>

Research demonstrates that victims of sexual assault that receive medical care at a facility that provides a Rape Victim Advocate obtain rape examinations and forensic evidence collection at a higher rate than victims who did not have advocacy services.<sup>5</sup> Victims provided with advocacy services also demonstrate fewer secondary victimization behaviors and secondary victimization emotions.<sup>6</sup>

In addition to the **National Protocol**, the World Health Organization also encourages collaboration with other service providers when giving care to victims of sexual assault, stating “It is important that health care facilities which provide services to victims of sexual violence collaborate closely with law enforcement, social services, rape crisis centers, nongovernmental organizations (NGOs) and other agencies to ensure not only that all complex needs of the patients are met but also a continuity in the service provision.”<sup>7</sup>

## References

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<sup>1</sup> **World Health Report on Violence and Health: Summary**, World Health Organization, Geneva, 2002.

<sup>2</sup> **National Protocol for Sexual Assault Medical Forensic Examination**, United States Department of Justice 2004. p. 34

<sup>3</sup> *Id* at p. 27.

<sup>4</sup> *Id* at p. 1.

<sup>5</sup> Campbell, R. (2006) Rape survivors’ experiences with legal and medical systems: Do rape advocates make a difference? **Violence Against Women Volume 12** No 1 p. 42.

<sup>6</sup> *Id* at p. 43.

<sup>7</sup> **Guidelines for Medico-Legal Care for Victims of Sexual Violence**. (2003) World Health Organization, Geneva p. 20