EMERGENCY NURSES ASSOCIATION

INTERNATIONAL ASSOCIATION OF Forensic Nurses

Joint Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Adult and Adolescent Sexual Assault Patients in the Emergency Care Setting

Description

Globally, patients seeking acute care in the emergency department (ED) setting after sexual assault are an at-risk, vulnerable population that have multiple and prolonged healthcare consequences. It is imperative that every individual who has experienced sexual assault have access to and receive patient-centered, trauma-informed care that addresses their acute and long-term medicolegal and psychosocial needs (Chandramani et al, 2020). Patient-centered care is respectful of and responsive to individual preferences, needs, and values, ensuring that patient choices guide all clinical decisions (Institute of Medicine, 2001). Trauma-informed care involves understanding the connection between presenting symptoms and behaviors and the individual's past trauma, as well as the potential pathways to recovery (SAMHSA, 2014).

Comprehensive care for patients who have been sexually assaulted requires care planning, education, and expertise on the part of emergency care team and their collaborative partners (Koenig et al., 2020; U.S. Department of Justice [DOJ], 2013). The emergency department nurse is a key member of the comprehensive care team and instrumental in coordinating and collaborating with community-based victim advocates, social workers, law enforcement, and other community partners (Adams & Hulton, 2018; Filmalter et al., 2018). Many nurses have specialized education in the expanded practice role of the forensic nurse examiner (FNE) that includes the role of the sexual assault nurse examiner (SANE), enabling them to provide care with a trauma-informed approach (American Nurses Association [ANA] & IAFN, 2017; International Association of Forensic Nurses [IAFN], 2018). Trauma-informed care is vastly different from traditional medical care that often leaves patients feeling re-victimized (Green et al., 2021; Lechner et al, 2021; Poldon et al., 2021). The FNE/SANE completes a time sensitive examination that includes complex assessments, identifying risks and providing prevention for short- and long-term health sequalae, reproductive and sexual healthcare and treatment, documentation, evidence collection and release, expert witness testimony, safety planning, and support through appropriate community referrals (Green et al., 2021). Immediate medical and psychological care directly affects the patient's well-being, and when conducted from a trauma-informed approach, contributes to the beginning stages of the healing process (Lechner et al., 2021; Poldon et al., 2021). Improved physical and psychological outcomes, as well as potential prosecution of sexual offenders, require emergency departments to be prepared to provide competent care and referrals for patients who have been sexually assaulted (Green et al., 2021).

ENA/IAFN Position

It is the position of the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses that:

1. Globally, patients who have experienced sexual assault are provided a safe and private environment upon arrival at an emergency department, with access to a victim advocate at any time during their stay in order to enhance the recovery process.

2. Emergency nurses receive education on conducting medical forensic examinations, specifically, the sexual assault evaluation, and provision of trauma informed care. They also maintain access to current jurisdictional guidelines, protocols for proper examination, and reporting options.

3. All members of the emergency department care team employ a trauma-informed care approach throughout the patient's stay.

4. Patients who have experienced sexual assault receive immediate medical forensic care by emergency nurses knowledgeable about jurisdictional guidelines and protocols for mandatory reporting requirements.

5. Whenever possible, forensic nurses with specific training as SANEs are consulted or assigned to care for this patient population.

6. Patients who have experienced sexual assault are offered medically appropriate sexually transmitted infection prophylaxis and emergency contraception without barriers and in accordance with the recommendations of the Centers for Disease Control and Prevention, World Health Organization and the American College of Obstetricians and Gynecologists (ACOG).

7. With patient consent, emergency nurses collaborate with multiple agencies to develop an individualized, multidisciplinary approach to treatment, evaluation, and continuity of care to minimize patients' short and long-term physical and psychological sequelae.

8. Emergency nurses participate in community education and outreach, as well as research, to identify and implement best practice standards of care for patients who have been sexually assaulted.

9. Healthcare facilities recognize that they have an obligation to provide appropriate medical forensic intervention when a patient who has experienced sexual assault presents for care, whether or not the facility has a forensic nurse program that includes SANE services.

10. Healthcare facilities are cognizant of jurisdictional laws regarding all aspects of the medical forensic examination, including but not limited to, exam payment and reimbursement models.

11. Healthcare facilities support forensic nurse examiners by developing, sustaining, and maintaining their own SANE/forensic nursing programs or establishing relationships with other facilities that provide forensic nursing services.

12. Level one trauma centers develop and maintain forensic nurse examiner programs, which include SANE services to address the health needs of this patient population.

Background

Patients who have experienced sexual violence often present to the emergency department for treatment following the assault (Chandramani et al., 2020; Green et al., 2021). Historically, patients who have

experienced sexual assault have often been treated by ED personnel who lacked education in medical forensic examination and treatment. Those with the proper education often did not perform exams frequently enough to maintain proficiency and competency (DuMont et al., 2018; Thiede & Miyamoto, 2021). The clinical implications of this range from poor quality of care and improper evidence collection to negatively affecting short- and long-term health to legal consequences.

Traditionally, emergency physicians have found it difficult to dedicate the amount of time required to provide the necessary level of care for patients affected by sexual violence while still managing the other patients in the ED (DuMont et al., 2018). Individuals who have been sexually assaulted require complex clinical management in a setting that often has significant time and capacity constraints. This understanding has led to the use of sexual assault nurse examiners (Koenig et al, 2020). The evidence strongly suggests that SANEs provide compassionate, high-quality care to victims of sexual assault. In one large multi-site study, patients reported that SANEs took their needs seriously, did not act as though they were at fault, demonstrated care and compassion, thoroughly explained the forensic exam, and provided comprehensive follow up information (Lechner et al., 2021). Sexual assault examinations conducted by a trained SANE result in improved comprehensive assessments, appropriate medical care, including sexually transmitted infections and pregnancy prophylaxis, proper evidence collection and preservation, maintenance of the chain of custody, and skilled testimony in legal proceedings (Green et al., 2021). Patients receiving care from a SANE are more likely to see their case progress through the legal system and result in guilty pleas and convictions (Campbell et al., 2012).

Guidelines for the treatment of patients who have experienced sexual assault have been issued by the U.S. DOJ (2013), American College of Emergency Physicians (ACEP) (2013), ACOG (2017), and the WHO (2013). The Centers for Disease Control and Prevention (CDC) routinely update the recommendations for pharmacological treatment after exposure to potential sexually transmitted infections, including HIV. To reduce further revictimization by providing prompt care and overall enhanced services, patients should be referred to nurses with education and experience in systematically managing this special patient population (Green et al, 2021; Lechner et al., 2021). Using SANEs has alleviated previous issues of increased wait times, poor clinical outcomes, and patient dissatisfaction (Green et al., 2021; Lechner et al., 2021). The standard of care includes deliberate and timely crisis intervention, proper medical care that includes the provision of evidence collection, as well as complete coordination and follow-up when appropriate with members of a multidisciplinary response team (Koenig et al., 2020). Additionally, the presence of a community-based advocate during the examination as a source of support for the patient improves both medical service and legal system responses (Westmarland & Alderson, 2013).

Resources

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Authors and Reviewers

Authored by

Jennifer Farmer Keating, BSN, RN-BC, SANE-P

Reviewed by

2022 International Association of Forensic Nurses (IAFN)

Gail Hornor, DNP, CPNP, SANE-P –Forensic Nursing Specialist
Sara Jennings, DNP, RN, SANE-A, SANE-P, AFN-BC, Education Director
Megan Lechner, DNP, APRN, CNS, SANE-A, SANE-P, Chief Operating Officer
Jennifer Pierce-Weeks, BSN, RN, SANE-A, SANE-P, Chief Executive Officer

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