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; US 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; Filmatter, Heyns, & Ferreira, 2018;). Many nurses have specialized education in the expanded practice role of the forensic nurse examiner (FNE) to include the role of the sexual assault nurse examiner (SANE), allowing them to provide care with a trauma-informed approach (IAFN, 2018; ANA & IAFN, 2017). Trauma-informed care is vastly different from traditional medical care that often leaves patients feeling re-victimized (Lechner et al, 2020; Poldon et al., 2021; Green et al., 2021). The FNE/SANE completes a time sensitive examination which includes complex assessments, identifying risks and providing prevention for short- and long-term health sequelae, 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 impacts 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., 2020; 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 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 to an emergency department, with access to a victim advocate at any time during their stay in order to enhance the recovery process.

2. All members of the emergency department care team, employ a trauma-informed approach throughout the patient’s stay.

3. Patients who have experienced sexual assault receive, immediate medical forensic care by emergency nurses knowledgeable of jurisdictional guidelines and protocols.

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

5. 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 (Walensky et al., 2021), World Health Organization (WHO, 2013) and the American College of Obstetricians and Gynecologists recommendations (ACOG Committee on Health Care for Underserved Women, 2017).

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

Historically, emergency physicians have found it difficult to dedicate the amount of time required to provide the necessary level of care for this patient population, 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 specially trained sexual assault 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, maintained 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, 2021).

Guidelines for the treatment of patients who have experienced sexual assault have been issued by the U.S. Department of Justice (2016), ACEP (2017), ACOG (2017), and the World Health Organization (WHO) (2013). The CDC routinely update the recommendations for pharmacological treatment after exposure to potential sexually transmitted infections, including HIV). To reduce further re-victimization by providing prompt care and overall enhanced services, patients should be referred to nurses with education and experience in systematically managing this specialty patient population (Lechner et al, 2021; Green 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 (Campbell, 2006).

**Resources**


**References**


Authors

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

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

Reviewed by

2022 ENA Position Statement Committee

Brenda Braun, MSN, RN, CEN, CPEN, FAEN
Alison Day, PhD, MSN, BS, RN, FAEN
Lisa Leiding, DNP, RN, CCHP-RN
Joanne Navarroli, MSN, BS, RN, CEN
Dawn Peta, BSN, RN
Jean Proehl, MN, RN, CEN, CPEN, TCRN, FAEN, FAAN, Chairperson
Cheryl Riwitis, DNP, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN
Developed: 2016.

Approved by the ENA Board of Directors: July 2016.
Approved by the IAFN Board of Directors: August 2016.
Reviewed and approved by the ENA Board of Directors: TBD
Reviewed and approved by the IAFN Board of Directors: February 2022.

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