

## **SANEs in Level 1 and 2 Trauma Centers Policy Paper**

*International Association of Forensic Nurses*

### **Position**

The International Association of Forensic Nurses encourages legislation that, at a minimum, ensures all Adult and Pediatric Level I and II Trauma Centers provide prompt access to sexual assault nurse examiners (SANEs), 24 hours a day, seven days a week, regardless of the age of the patient. This can be accomplished through onsite SANE services; contracts with community-based SANE programs to respond around the clock to patients who have been sexually assaulted; or formalized transfer agreements with area programs (hospital- or community-based) to ensure rapid response to these patients. SANEs are a critical component for providing comprehensive, timely, and appropriate health care to patients who present with a history of sexual assault and abuse. The consistent availability of these specially educated forensic nurses improves the health and well-being of this patient population and the quality of evidence collected during the course of the medical-forensic examination. Currently, the vast majority of emergency departments in the United States (U.S.) do not have SANEs, even though studies reveal that medical-forensic examinations conducted by SANEs result in a more positive experience for patients in the healthcare system<sup>1</sup>, as well as a significant association with prosecution rates for these particular crimes.<sup>2</sup>

### **Trauma Centers**

Trauma centers across the United States are designated Levels I-V, based on the availability of specific healthcare services and personnel. The American Trauma Society estimates approximately 90% of the U.S. population lives within a 60-minute ambulance or helicopter transport of a Level I or II Trauma Center. Level I and II Trauma Centers are able to manage virtually every aspect of critical injuries, including 24-hour in-house or immediate coverage by general surgeons, and prompt availability of care in specialties such as orthopedic surgery; neurosurgery; anesthesiology; emergency medicine; radiology; internal medicine; plastic surgery; and oral and maxillofacial, pediatric, and critical care. In fact, the only designated aspect of care missing from the requirements for Level I and II Trauma Centers is the sexual assault specialist. Level I Trauma Centers are defined as “capable of providing total care for every aspect of injury” and Level II Trauma Centers are defined as “able to initiate definitive care for all injured patients.”<sup>3</sup> Patients who have been sexually assaulted should not be excluded from these definitions of care.

### *Community-Based Programs*

Although the majority of SANE programs are based in hospitals, some jurisdictions provide this care in community-based agencies, such as health clinics, free-standing centers, or advocacy organizations. Community-based programs, including Child Advocacy Centers (CACs), should have formalized, collaborative relationships with area medical centers to ensure that patients who have been sexually assaulted have access to

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<sup>1</sup> Fehler-Cabral, Campbell, & Patterson, 2011; Martin, Young, Billings & Bross, 2007

<sup>2</sup> Campbell, Patterson & Bybee, 2012; Crandall & Helitzer, 2003

<sup>3</sup> American Trauma Society <http://www.amtrauma.org/?page=TraumaLevels>

comprehensive healthcare services. These agreements should include transfer protocols for emergent issues, laboratory services that cannot be provided by the community-based program, and specialized follow-up services as required on a case-by-case basis. The staff of Level I and II Trauma Centers should also be aware of the scope of services offered by community-based programs, and work with those programs to ensure that comprehensive sexual assault care is available for patients who are sent to their centers. This can be done by establishing a memorandum of understanding (MOU) with community-based sexual assault programs and/or CACs to have forensic nurses respond to these facilities to deliver care if a patient is not able to be transferred. If the patient can be transferred, then transfer processes should be included in emergency department policies to ensure a seamless transition.

### **Effect on Long-Term Health**

The research is clear: sexual assault and abuse impact the health of victims, regardless of the age of victimization.<sup>4</sup> From the Centers for Disease Control and Prevention's Adverse Childhood Experiences Study, to myriad studies of adult men and women who have experienced sexual violence, evidence reveals the ways rape and sexual assault adversely affect the health of individuals. Health consequences include mental and physical health issues, such as chronic pain; cardiac, reproductive, and gastrointestinal disorders; and increases in certain cancers, HIV/AIDS, depression, anxiety, post-traumatic stress disorder, and drug and alcohol abuse. Although more research is needed to fully understand the impact SANEs have on patients who have been sexually assaulted, emerging research indicates that these types of sexual assault specialists not only improve criminal justice outcomes, but healthcare outcomes, as well.<sup>5</sup>

### **Who We Are**

The International Association of Forensic Nurses is a professional organization of nurses who provide specialized health care for patients impacted by violence and trauma. We establish and provide standards of practice and education for forensic nurses. Our members have the knowledge and expertise to decrease the healthcare consequences of violence, improve patient recovery, and lower healthcare costs. For more information, please visit our website at [www.forensicnurses.org](http://www.forensicnurses.org).

### **What We Do**

Forensic nurses provide specialized nursing care that focuses on patient populations affected by violence and trauma across the lifespan. Forensic nurses are healthcare providers. In addition, forensic nurses have a specialized knowledge of the legal system and skills in injury identification, evaluation, and documentation. While attending to a patient's medical needs, a forensic nurse is able to collect evidence, provide medical testimony in court, and consult with legal authorities. SANEs are perhaps the most well-recognized discipline within forensic nursing. However, forensic nurses work in a variety

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<sup>4</sup> See the National Sexual Violence Resource Center's *Sexual Violence and Health Research Brief* for a selection of studies:

[http://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_researchbrief\\_health-sexual-violence.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_researchbrief_health-sexual-violence.pdf)

<sup>5</sup> Campbell, Patterson, Adams, Diegel, & Coats, 2008; Campbell, Patterson & Lichty, 2005; Campbell, Townsend, Long, Kinnison, Pulley, Adames & Wasco, 2006.

of fields, including domestic violence, child abuse and neglect, elder mistreatment, death investigation, corrections, and in the aftermath of disasters.

### **SANE Practice**

Sexual Assault Nurse Examiners (SANEs) are registered nurses who have completed specialized education and clinical preparation in the medical-forensic care of the patient who reports or is suspected of having a history of sexual assault or abuse. The SANE often collaborates with other disciplines in the community who provide unique services to victims of sexual assault. These may include: advocates, law enforcement professionals, crime lab personnel, child protection workers, and attorneys. These professionals also strive to ensure that a patient who has been sexually assaulted in their community receives a victim-centered and trauma-informed response. Although there is recognition that SANEs are the optimal responder in cases of sexual abuse and assault, less than 14% of EDs currently offer SANE services.<sup>6</sup>

### **SANE Education & Certification**

IAFN provides an evidence-based leadership role in defining SANE practice through the publication of the *Sexual Assault Nurse Examiner (SANE) Education Guidelines*. These guidelines set forth the minimum level of education for nurses providing care to adult/adolescent and/or pediatric/adolescent populations and include recommendations for both didactic and clinical training. Upon successful completion of SANE education and demonstration of competency, nurses are eligible to take the U.S. national adult and/or pediatric SANE board certification examinations. The earned credentials of SANE-A® and SANE-P® designate that the recipient has achieved the highest standards of forensic nursing for sexual assault nurse examiners.

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<sup>6</sup> Based on IAFN internal data.