Sexual Assault Nurse Examinations

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Objectives

- Sexual Assault Response Team
- Sexual Assault Nurse Examiners’ (SANE) role and purpose
- Legal Issues
- Components of the SANE exam

Notes on Language

- Language is gendered
- Patient/client
- Survivor/Victim
- Defendant/Perpetrator
- Legal Terminology
What is Sexual Assault?

- Sexual assault includes a wide range of victimizations. These crimes include completed or attempted attacks generally involving unwanted sexual contact between the victim and offender.

Sexual Assault

- “Any act of sexual contact or intimacy performed upon one person by another, and without mutual consent, or with an inability of the patient to give consent due to age, mental or physical incapacity.”

- Office of the Attorney General, SAPACSD, 1998

By the numbers

- The number of rapes and sexual assaults are staggering.
  - Every day two people are raped or sexually assaulted in Austin.
  - 90% of Travis County rape and sexual assault survivors knew the person who assaulted them.
  - 13% of all rapes are against men.
  - One in eight adult women in Texas has been raped sometime in her life.
  - Every 5.7 minutes someone is raped in the United States.
  - 11.7 million women and 2.1 million men have been forced to have sex during their lifetime.

- Office of the Attorney General, SAPACSD, 1998
More numbers

- Only 20% of rape survivors actually report the rape or sexual assault.
- This means if 100 rapes are reported to police, another 400 women, children or men did not report the crime.

SART

- Sexual Assault Response Team (SART)
- Developed in mid 1980s as a model for coordinating response to reports of sexual assault within communities
- Teams are specialized to fit the needs of each community and generally have goals of increasing reporting and conviction of sexual assaults and countering the experience of sexual trauma with a sensitive and competent response.

SART: Basic Team Members

- Medical- Usually Sexual Assault Nurse Examiners (SANE), sometimes hospital and clinic staff
- Law Enforcement- All jurisdictions in the area served, Includes Crime Lab
- Advocacy- Victims Services/Survivors Advocacy Groups
- Prosecution- The DAs for all jurisdictions
What is a S.A.N.E?

Sexual Assault Nurse Examiner

Advocate for the Truth

Sexual Assault Nurse Examiner (SANE)

- is a Registered Nurse who is specifically trained to:
  - provide comprehensive care to sexual assault survivors;
  - demonstrate competency in conducting a forensic exam to include evaluation for evidence collection;
  - have the expertise to provide effective courtroom testimony; and
  - show compassion and sensitivity to survivors of sexual assault.

- [http://www.oag.state.tx.us/victims/sapcs.shtml](http://www.oag.state.tx.us/victims/sapcs.shtml)

SANE Certification

- Office of the Attorney General, State of Texas (SANE CA/CP)
  - International Association of Forensic Nursing (Nationally & Internationally recognized)
- SANE-A : Adult/Adolescent
- SANE-P: Pediatric
Clinical Training

- Registered Nurse for 2 years
- 64 hours – classroom training
- 24 hours – Adult genital inspection/speculum exam
- 20 hours – Child Well Exams
- 16 hours – Courtroom/criminal trial proceedings

Clinical Training

- **Adult >12 years**
  - Sexual assault exams using kit
    - Conduct 6 exams
  - **Children < 12 years of age**
    - Sexual Assault exams using kit
    - Conduct 10 exams

What is our goal in conducting a SANE exam?

- Avoid further Trauma
- Compassionate & Sensitive approach
- Timely medical/forensic exam
- Complete evidence collection
- Consistent caregiver throughout exam
- Maintain chain of custody of evidence
- Referral for follow-up care
- Expert witness testimony
Benefits of SANE Approach

- Cost-Effective
- Additional training/highly trained forensic specialist
- Led to more evidence being preserved for criminal prosecution
- Decrease waiting time in the E.D
- Comfortable in legal process
- Work closely with crisis counseling programs
- Clear Expert witness
- Assist both prosecution and defense elements of our criminal justice system
- Higher reporting rates

Reporting Sexual Assault

- Call 911
- Report to local law enforcement
- Emergency Department
- Safe Place/Rape Crisis Center
- Legal time limit for collection of evidence is 96 hours statewide; 120 hours for APD

Remember

- This is a personal Choice
- Some victims may not wish to report to the police
- Give them the information to make an informed decision
- RESPECT THEIR DECISION
Who pays for exam?

- State law requires the law enforcement agency requesting exam to pay.

- Treatment for injuries, testing for HIV and STDs or counseling may be paid by Crime Victim’s Compensation Program or the patient.

Consent Issues

- The patient must be able to give informed consent.
- The patient must be A&O and verbally appropriate.
- If the patient is too intoxicated to legally consent to sex, they are too intoxicated to consent to an evidentiary exam.
- Implied Consent exists for Emergent Medical Treatment for preservation of life and limb.
- Legally, there is no implied consent for forensic exam.

Criminal Code Procedure Article 1.06 Unreasonable Search and Seizure

- “The People shall be secure in their persons, houses, papers, possessions from all unreasonable seizures and searches. No warrant to search any place or to seize any person or thing shall issue without describing them as near as may be, nor without probable cause supported by oath or affirmation”


Longwood, FL
DRUG FACILITATED SEXUAL ASSAULT (DFSA)

• “Drug-facilitated rape is defined as sexual assault made easier by the offender’s use of an anesthetic type drug that renders the victim physically incapacitated or helpless and unable to consent to sexual activity. Whether the victim unwittingly administered the drug or willingly ingests it for recreational abuse is irrelevant – the person is victimized because of their inability to consciously consent to sexual acts.”

• Office of National Drug Control Policy

“Date Rape” Drugs

• # 1 “Date Rape” Drug: ALCOHOL
• Benadryl or other antihistamines
• Benzodiazepines (Rohypnol, valium, etc)
• GHB (Gamma Hydroxy Butrate)
• Ketamine
• Scopolamine (Burundanga)
• Other street drugs/Grandma’s medicine chest

THE SEXUAL ASSAULT EXAMINATION

• Treatment and documentation of injuries
• Treatment and evaluation of sexually transmitted diseases
• Pregnancy risk evaluation and prevention
• Crisis intervention and arrangements for follow-up counseling
• Collection of medico/legal evidence while maintaining the proper chain of evidence
Assessment of Forensic Exam

- **Can Conclude**
  - Recent sexual contact
  - Recent trauma
  - Consistency between findings and victim’s account of events

- **Cannot Conclude**
  - Validity of claim
  - “Diagnosis” rape
  - Degree of force

Components of the SANE Exam

1. **History**
2. **Head to Toe Exam – Looking for trauma**
3. **Detailed Anogential Exam – Looking for trauma**
4. **Collection of Forensic Evidence**
   - Sexual Assault Evidence Kit
     - Envelopes
     - Boxes
     - Swabs
     - Paper Bindles
     - Paper bags
     - Forensic Chart
     - *REMAINS SEALED UNTIL EXAM BEGINS*
Part 1: HISTORY

• Assessing for Trauma
• Can you tell me what happened?
• Decrease of Level of consciousness
• Drugs or alcohol utilized before or after the incident
• Changed clothing

• Purpose of Diagnosis & Treatment
• (welcome back, nursing diagnosis!)

Part 2: Head to Toe Exam

• General Appearance
• Vital Signs
• Medical History
• Allergies
• Medications

Looking for Trauma
Part 2: Head to Toe Exam

- T Tears or lacerations/tenderness
- E Ecchymosis
- A Abrasions
- R Redness
- S Swelling

(Slaughter, Brown, 1991)

Non-genital Trauma

- Bruising, abrasions, lacerations
- Punch/kick injuries
- Bite injuries
- Whip or cord like injuries
- Neck bruising from choking
- Ligatures marks
- Suction Marks
- Patterned Injuries
POSSIBLE INJURY CAUSES

• BLUNT FORCE TRAUMA: Being struck with a fist, open hand, and/or object, being kicked. Lacerations are usually caused by blunt force causing the skin to tear and/or split.
• CUTS: caused by mechanical means, ie knife or any sharp object.

• BINDINGS: Ligature marks are caused by bindings placed on whatever body part.
• STRANDED (NOT Choked): PETECHIAE - pinpoint red marks (hemorrhaging) usually seen in the sclera of the eye or the skin of the face, or with suction bruises ‘hickey’s’. PATTERNED BRUISING around the neck from bindings or fingers/hands.

Head To Exam
Clothing

• Appearance (torn, stains etc..)
• Wood’s Lamp
• Collect Clothing without shaking
Head to Toe Exam  
Wood’s Lamp  
• Ultraviolet light is capable of fluorescing semen, stains, certain clothing fibers.  
• Positive Wood’s lamp finding fluoresces.

Part 3:  
Detail Anogential Exam  
• T Tears or lacerations/tenderness  
• E Ecchymosis  
• A Abrasions  
• R Redness  
• S Swelling

Detail Anogenital Exam  
LOOKING FOR TRAUMA  
12  
9  3  
6
Part 3: Detail Anogenital Exam
The Colposcope

Colposcope
**Toludine Blue Dye**

- Used to highlight lacerations that are seen by colposcope.
- Deep blue uptake is interrupted: positive for laceration injury.
- Solution dyes nucleate squamous cells in the deep layers of the epidermis exposed by lacerations.
- Improves the detection of injury in adolescents, children, and dark-skinned patients.


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**Before Toluidine Blue Dye**

![Before Toluidine Blue Dye](http://www.brooksidepress.org/Products/Military/-ROMTNMethodsSexual/Assault/Assault.htm#Photographs)

**After Toluidine Blue Dye**

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Genital trauma evidence:
Common sites
- posterior fourchette (70%)
- labia minora (53%)
- hymen (29%)
- fossa navicularis (25%)
- anus (15%)
- cervix (13%)
- vagina (11%)
- perineum (11%)
- periurethral area (9%)
- labia majora (7%)
- rectum (4%)

Reasons for genital trauma:
Lack of human sexual response
- Lack of (victim) pelvic tilt for penetration
- Lack of partner assistance with penetration
- Lack of lubrication
- Lack of relaxation
- Increased force of penetration
- Male sexual dysfunction
- Lack of communication

Part 4: Forensic Evidence
Forensic Evidence
Collection Secretions/Debris

Think like Sherlock Holmes!!

- Swab, swab, swab anything that might be biological evidence.
- Was there oral contact by the assailant to the victim? Or visa-versa?
- Did he ejaculate? Where?

- Comb head hair and pubic hair for trace evidence and pull standards.
- Debris? Grass, Dirt, Fibers…Basically any thing that does not look like it belongs there.
PRESERVATION OF EVIDENCE

✓ Advise not to bathe/shower
✓ Do not wipe vaginal area if urinating
✓ Save the paper that was wiped with
✓ Do not eat/drink/smoke
✓ Give clothing to law enforcement
✓ Store in paper bag
✓ Seek medical attention

REMEMBER...

• THE PATIENT IS A LIVING CRIME SCENE AND EVERYONE WHO TOUCHES HIM/HER COULD BE TRANSFERRING DNA FROM AND TO HIM/HER. TRY TO KEEP PHYSICAL CONTACT TO A MINIMUM, i.e. NOT SHAKING HANDS OR HUGGING. CAUTION FAMILY/FRIENDS AND WHY THIS IS IMPORTANT.

Chain of Custody

• Documenting:
• Name of transferring/receiving personnel.
• Date/time of initial custody and transfer.
Treatment

- Sexually Transmitted Diseases
- Pregnancy Prophylaxis
- Tetanus
- Hepatitis B Vaccine
- HIV Prophylaxis

STD Treatment Recommendations

- 2010 CDC Guidelines
  - 1. Chlamydia
  - 2. Gonorrhea
    - 3. Trichomonas vaginalis
    - 4. Bacterial vaginosis

STD Treatment

SEXUALLY TRANSMITTED INFECTION
PROPHYLAXIS

a. For prevention of chlamydia: Azithromycin 1 g orally in a single dose OR Doxycycline 100 mg orally twice a day for 7 days.

b. For prevention of gonorrhea: Ceftriaxone 250 mg IM in a single dose or Cefixime 400 mg orally in a single dose.

c. Alternate for prevention of chlamydia and gonorrhea: Azithromycin 2 g orally in a single dose.

d. For prevention of trichomoniasis: Metronidazole 2 g orally in a single dose. Contraindicated in first trimester of pregnancy. If pregnant, have patient follow up with prenatal care provider for trichomoniasis screening. If patient has consumed alcohol within previous 24 hours, send medication and pharmacy's information sheets with patient to take after no alcohol intake for 24 hours. Caution patient to refrain from alcohol for 48 hours after taking medication and OTC medications that contain alcohol.
Pregnancy

- Emergency Contraception: “Morning after Pill”
- IS NOT RU-486/ “abortion pill”
- Rule out pre-existing pregnancy (although Plan B WILL NOT affect an existing pregnancy)
- Counseling
- Pregnancy will test negative within 3 days of assault
- Plan B: 1 pill at time of exam
- 98% effective if started w/in 24 hrs
- 87.5% effective when taken within 72 hours

What about HIV?

- Review risks and benefits of treatment
- Refer to counseling
- Follow-up for 28 days if taking PEP
- Repeat testing 3 and 6 months
- CDC guidelines- risk is low through SA

HIV stats

- The risk for HIV transmission after an isolated sexual contact with an HIV-positive person is estimated to be 1 to 2 cases per 1000 after vaginal penetration and 1 to 3 cases per 100 after anal penetration. HIV prophylaxis is not mandatory when the HIV status of the assailant is unknown, and the choice of whether to pursue prophylaxis needs to be discussed fully with the patient.
- Assistance with PEP decisions can be found by calling the National Clinicians’ Consultation Center PEP hotline at 888-448-4911 any time day or night.
Hepatitis B
CDC guidelines Recommendations

• HBV vaccination
• Hepatitis B immune globulin 0.06ml/kg of HBIG in single IM dose (one time)
• More effective w/in exposure 14 days
• HBV- administered 1 or 2 months and 4 to 6 months after initial dose.

Follow-up Exam

• 2 week follow-up exam should reveal healing both genital and nongential trauma
• Allows for completion of medication for STDs
• Counseling: Rape Trauma Syndrome & Post Traumatic Stress Disorder
• Referrals

After the SANE Exam

• Referral for Post Assault Counseling
• Therapeutic Coping Patterns
• Sense of Control
Questions?

Resources

- Safe Place: 927-9616 www.safeplace.org
- Department of Justice, Office for Victims of Crime: http://www.ojp.usdoj.gov/ovc/
- Texas Association Against Sexual Assault: http://www.taasa.org/
- Bureau of Justice Statistics: http://www.ojp.usdoj.gov/bjs/abstract/rsarp00.htm
- Centers of Disease Control and Prevention: Sexually Transmitted Diseases Treatment Guidelines: 2010