Attitudes of Adult/Adolescent Sexual Assault Nurse Examiners and Caring for Younger Patients

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Introduction: Sexual Assault Nurse Examiners (SANEs) are specialized nurses who provide sexual assault (SA) examinations and forensic evidence collection. Currently, Adult/Adolescent (A/A) SANEs in Massachusetts are trained and certified to care *only* for patients 12 years and older who present acutely to EDs. The purpose of this study was to describe the attitudes of SANEs regarding the possibility of cross-training to care for younger patients (<12 years).

Methods: This qualitative, descriptive study included a sample of 45 A/A SANEs who participated in a series of 6 focus groups. The focus groups were audiotape-recorded and transcribed verbatim. Content analysis was used to analyze the raw data. Units of in vivo coding assisted in the identification of initial broad categories that were winnowed to represent final themes that described the participants' attitudes.

Results: Although the majority of SANEs enthusiastically endorsed the option of pediatric cross-training, a smaller portion of participants expressed strong opposition to the proposal. The SANEs' concerns included the emotional toll of caring for children who have been sexually assaulted, and the need for an adequate infrastructure within the SANE Program to educate, train, and support the cross-training effort.

Discussion: This research fills a gap in the forensic and ED nursing literature by providing insights into the attitudes and concerns of SANEs who care for some of the most vulnerable patients. The findings of this study can inform the acute care and evidence collection practices that are used when caring for pediatric patients who have experienced SA.

Key words: Sexual Assault Nurse Examiner (SANE); Pediatric Sexual Assault Nurse Examiner (Pedi SANEs); Child sexual assault; Cross-training; Nurses' attitudes; Emergency department nursing; Forensic nursing

It is estimated that there are 70,000 child victims of sexual abuse each year in the United States, and hospital emergency departments are often the first point of care for children who disclose an acute sexual assault (SA).[1] Saltzman et al[2] reviewed charts of patients treated for SA from a sample of 66 emergency departments in the United States and found that 30.8% of the patients were aged between 0 and 9 years and 34.7% were aged between 10 and 19 years. The International Association of Forensic Nurses (IAFN) and World Health Organization practice guidelines support the notion that children should be seen by a child abuse expert, such as a Sexual Assault Nurse Examiner (SANE), but in many emergency departments, access to clinicians who have such expertise is not available.[3,4] Therefore children are often cared for by a practitioner with little or no education regarding the management of children who have been sexually abused.

In Massachusetts there has been much debate about whether the adult/adolescent (A/A) SANE role should be expanded to include the care of younger patients, aged less than 12 years, in designated ED sites. To date, there are no published data or reports that address this issue on a state, national, or international level, so findings from this study will fill a gap in the research literature. The purpose of this

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qualitative study was to describe the attitudes of A/A SANEs in Massachusetts regarding the possibility of expanding their role to care for children (<12 years) who have been sexually assaulted and have sought care in SANE-designated emergency departments. Although the focus of the study is on the attitudes of Massachusetts SANEs, there are important findings that can inform SANE programs and hospital ED protocols globally.

Background

Many issues related to SA in pediatric patients differ greatly from those of concern among adults. Among children, disclosure is rarely immediate, and the perpetrators are often close family members or trusted caretakers. Emergency nurses and other clinicians are aware that children are not just small adults and that they require different care approaches because of their physiological, psychological, and developmental differences. Acute disclosure by a child does not necessarily mean that there is physical evidence to collect or that there is a medical emergency that requires treatment. However, rightly so, such a disclosure creates an acute crisis for parents and caretakers, and typically, these children are referred to hospital emergency departments for care.

Improved outcomes associated with SANE versus non-SANE clinician care of pediatric patients treated for SA have been documented. Bechtel et al[5] reviewed the records of outcomes in 114 pediatric SA cases in emergency departments in the United States and found that SANEs provided more documentation of the physical examination findings, and were more likely to screen for sexually transmitted infections, provide pregnancy prophylaxis, and refer patients for mental health services.

SANE Programs

SANE programs were begun in the 1970s, often in collaboration with rape crisis centers and victim advocate programs, to address the medical, emotional, and forensic needs of SA victims.[6] Currently, there are over 500 SANE programs in the United States. SANE care includes emotional support; wound identification and documentation; forensic evidence collection; pregnancy and sexually transmitted infection prophylaxis; referrals for follow-up care; facilitation of police reporting, if desired; and the provision of court testimony should a case go to trial.

The Massachusetts SANE Program was among the first in the country, and it remains one of the only programs to have a state budget line item. The SANE budget is managed by the Massachusetts Department of Public Health, to support program operations, and has grown from $250,000 to $2.1 million over the past 15 years. This growth—along with a statewide, centralized management structure; the development of a standardized A/A SANE curriculum and protocol in 1997; and the development of a standardized pediatric SANE curriculum and protocol in 2004—has afforded the Massachusetts SANE Program the ability to ensure a level of quality practice for patients of all ages.

Although it is true that Massachusetts has developed its own curriculum and credentialing process, and this study is focused on the attitudes of SANEs who practice in Massachusetts, it is important to note that in 2006, the IAFN began offering a Sexual Assault Nurse Examiner–Adult (SANE-A) and a Sexual Assault Nurse Examiner–Pediatric/Adolescent (SANE-P) certification. Certification through IAFN provides a way to expand the accessibility of SANE education nationally and to establish quality practice standards. The Massachusetts SANE Program monitors its own curricula and protocols to ensure that they meet standards endorsed by the IAFN. In Massachusetts, SANE candidates must complete a didactic component and practice preceptorship, and pass a written examination to become certified and practice as a Massachusetts SANE.

Currently, the Massachusetts SANE Program contracts with approximately 100 A/A SANEs and provides care for approximately 1,600 patients per year. Currently, Lawrence General Hospital (LGH) is the only hospital among the 27 Massachusetts Department of Public Health–designated SANE sites at which emergency nurses, who are also A/A SANE certified, are trained to care for children aged less than 12 years. SANE-trained nurses at LGH use a Medscope (All-Pro Imaging; Hicksville, NY) to document findings and the Massachusetts Pediatric Kit (MA PEDI Kit) for evidence collection. This child-friendly kit, which is the first of its kind, supports and promotes minimally invasive and painless ways of collecting forensic evidence from pre-pubertal children. The MA PEDI Kit is updated every 2 years by a multidisciplinary group that includes forensic scientists and SANEs to ensure current evidence-based best practices.[3,4] The MA PEDI Kit is available in all emergency departments across Massachusetts, and a training DVD has been developed and distributed to enforce training and knowledge in its use. In addition to the pediatric SANE emergency response team at LGH, advanced practice nurses were also recruited and trained by the Massachusetts SANE Program to become pediatric SANEs and work as part of the multidisciplinary team at child advocacy centers in Massachusetts. The majority of children cared for by the pediatric SANEs at child advocacy centers are referred by the Department of Children and