

# WHEN THERE IS NO SEXUAL ASSAULT NURSE EXAMINER: EMERGENCY NURSING CARE FOR FEMALE ADULT SEXUAL ASSAULT PATIENTS



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**CE** Earn Up to 5.5 CE Hours. See page 380.

**M**s. L is a 29-year-old woman who arrives at the emergency department and reports that she was sexually assaulted 2 hours ago. She states that she was running on a trail near her home when a man appeared, wrestled her to the ground, and raped her.

Your emergency department has no sexual assault nurse examiner (SANE) on site and no contracted SANE program in your area. Are you prepared with the knowledge and skill to care for this woman?

## Background

Sexual assault is a major public health issue in the United States. Approximately 53 million American women have faced some form of violent sexual victimization during their lives.<sup>1</sup> It is estimated that 284,350 Americans were sexually assaulted in 2014, the most current statistic at the time this article was written.<sup>2</sup> Nearly 20% of women will be raped during their lifetime.<sup>1</sup> Of these female rape survivors, 50% report being raped by a partner, and 40% report being raped by an acquaintance.<sup>1</sup>

Although most survivors of sexual assault do not seek medical care and only 34% report the assault to the authorities, those who do seek care often present to the emergency department.<sup>2</sup> In the best-case scenario, a SANE will be available to care for these patients. SANEs are registered nurses (RNs) who are educated to provide comprehensive care, including emotional support, assessment of physical injuries, forensic examinations, and collection of evidence.<sup>3</sup> An RN who has been educated as a SANE may choose to take a certification examination, and some state Boards of Nursing further credential SANEs.

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J Emerg Nurs 2017;43:308-15.  
Available online 30 March 2017  
0099-1767

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<http://dx.doi.org/10.1016/j.jen.2016.11.006>

SANEs typically work with an interdisciplinary team of law enforcement officers, health care professionals, victim advocates, and prosecutors to address the victim's acute and long-term needs.<sup>4</sup> The SANE, who is a core member of the team, has the primary role of nurse, and thus use of the nursing process is central to the SANE's practice.

Because of budgetary constraints, scheduling, or a lack of a contracted SANE program in the area, a SANE is not always available to care for patients who have been sexually assaulted.<sup>3</sup> Therefore, it is vital that ED nurses have the tools to care for these patients. The purpose of this article is to provide ED nurses who are not SANEs with an overview of the skills needed to care for and treat female sexual assault patients during their stay in the emergency department. Requisite parts of comprehensive nursing care for this population include provision of psychosocial support<sup>1</sup>; evaluation of physical injury<sup>2</sup>; assistance with the collection of evidence<sup>3</sup>; prophylaxis for sexually transmitted infection (STI)<sup>4</sup>; prevention of pregnancy<sup>5</sup>; and education.<sup>6</sup>

## Definition of Sexual Assault

Sexual assault is any type of sexual contact or behavior performed or attempted without consent from the recipient.<sup>5</sup> It includes completed or attempted forced penetration of a victim through physical force or verbal coercion, acts in which an individual is forced to penetrate a perpetrator or another victim, and sexual contact or experiences that are unwanted, including touching, fondling, voyeurism, or exhibitionism.<sup>6,7</sup> The World Health Organization (WHO) identifies sexual assault as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including, but not limited to, home or work."<sup>8</sup> Although the WHO definition uses language to specify women as the focus of sexual assault, it is important to note that the WHO recognizes that men and children are also sexually assaulted.<sup>8</sup>

## Definition of Consent

Consent is an important concept to understand in terms of its relationship to sexual assault. Consent is agreement by a “legally or functionally competent” individual to engage in sexual activity.<sup>6</sup> An individual is not considered legally or functionally competent if he or she is underage, excessively intoxicated with drugs or alcohol, permanently mentally or physically incapacitated, or unconscious or asleep.<sup>6,9</sup>

## Psychosocial Consequences

Sexual assault affects each individual differently. Posttraumatic stress disorder (PTSD), stress, depression, anxiety, somatization (when psychological distress is converted into physical symptoms), and dissociation (detachment of self from one's emotions or body) are notable psychological sequelae after sexual assault.<sup>10</sup> The quality of social support provided to these persons has a great impact on the severity of these psychological sequelae. Positive social support from family, friends, and health care professionals has been linked to greater perceived control over recovery.<sup>11</sup> Conversely, negative social reactions such as forcing the survivor to go to law enforcement and blaming the survivor is linked with less perceived control and a higher rate of PTSD.<sup>11</sup>

## Physical Consequences

A plethora of physical and reproductive health consequences may result from sexual assault. Physical trauma to the genitalia and other body sites, gastrointestinal disturbances, acute and chronic pain, dysmenorrhea, sexual dysfunction, urine retention, incontinence, unintended pregnancy, STIs, and pelvic inflammatory disease are among the potential ill effects that may cause long-term health issues for sexual assault survivors.<sup>12</sup>

## Interventions for the Sexual Assault Patient in the Emergency Department

When a woman who has been sexually assaulted arrives at the emergency department, nurses must be familiar with the necessary interventions to provide her with comprehensive care. Nurses should ensure the patient of her physical safety and provide emotional support that fits the patient's needs. Nurses should also obtain consent for a medical screening examination and a forensic examination.

## Upon Arrival

When a patient who has been sexually assaulted presents to the emergency department, timely care is imperative.<sup>13</sup> The patient's airway, breathing, circulation, and hemodynamic stability must be assessed.<sup>14</sup> If the patient needs immediate lifesaving interventions, the patient should be triaged as Emergency Severity Index (ESI) level 1, and collection of forensic evidence should be delayed to stabilize the patient, taking care to maintain the integrity of evidence.<sup>14–16</sup> A patient who has been sexually assaulted and does not require immediate lifesaving interventions should be assigned ESI level 2.<sup>14</sup> The sooner a patient is physically examined, the more successful the collection of forensic evidence will be.<sup>17</sup>

The patient should be provided with a private room, and a request should be made for a social worker, counselor, or patient's advocate to be present with the patient throughout her stay in the emergency department.<sup>15,18</sup> To provide as much comfort as possible, the patient should be asked if she would like to have a family member or friend be present with her. She also should be asked if she would prefer that her nurse and other members of her care team be female.<sup>8</sup> If she prefers female care team members and none are available, a female support person should be provided to stay with the patient throughout her ED stay.<sup>8</sup>

## Reporting the Assault to the Authorities

ED nurses should familiarize themselves with local and state laws for the reporting of sexual assault because the law varies from location to location. The specifics of the sexual assault (ie, the age of the woman, the patient's mental status during the assault, and legal competency) also may affect whether the crime must be reported. If the patient consents to the forensic examination, law enforcement personnel should be contacted so they are present to take immediate custody of the evidence after collection. If the emergency department is not equipped to take photographs or if ED personnel are not educated to take photographs of the patient's injuries, the law enforcement agency should be asked to send a forensic photographer to properly document the injuries that the patient sustained during the attack.<sup>19</sup>

## Psychosocial Support

The patient may arrive at the emergency department in a variety of emotional states, ranging from anger to emotional distress to denial.<sup>18</sup> ED nurses should be kind and offer support throughout their interaction with her.<sup>8</sup> Because the

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