



Understanding the Sexual Assault Exam

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The Role of the Sexual Assault Nurse Examiner

- Primary job is to provide competent medical care
- Collect Forensic evidence as patient desires
- Provide prophylactic medications
- Document injuries
- Educate patient about legal options/choices
- Assess patient safety at discharge
- Plan for follow up needs
- Collaborate with other team members (advocate, law enforcement, prosecutors, defense attorneys)

- **Sexual Assault Nurses do not make a determination if an assault has occurred.**

The Interview

- Detailed history of events is obtained
 - Patient is asked to provide a narrative account of what happened
 - Specific questions are asked:
 - Police report made and to whom
 - Threats, restrained, hit/kicked/thrown, strangled, bitten, other force, impaired consciousness, amnesia
 - Recent substance use by pt (type, amount, time), concern for surreptitious drugging, forced drug ingestion
 - Specific nature of contact: penis to vagina, anus, mouth, etc., condom use, ejaculation, HIV risk assessment
 - Post assault activities by pt (bathe or shower, urinate, defecate, rinse mouth, eat, drink, change clothing)
 - Review of systems

Purpose of the Interview

- The interview guides the exam and evidence collection
- Questions may seem intrusive, but all have a purpose
- History helps keep a patient safe
 - PMH/SH/FH it all matters

What happens in the exam?

- Patient guides the exam
- Head to toe exam to assess for injuries with photography
- Swabbing for evidence
 - Oral, finger tip, reference blood, perineal vulvar, vaginal, and anal swabs collected on all patients
 - As indicated, toxicology, trace evidence, debris on skin, skin swabs, pubic hair combing
- Pelvic exam rarely includes a speculum exam

Special Considerations

- Strangulation
 - Need a detailed medical exam, possibly imaging studies (CT), observed for 48 hours post strangulation, ideally follow up visit in 48 hours to document injury progression
- Elderly/Pregnant
 - Injuries, safety/independence. Recovery
 - 2 patients, DV common and safety plan
- Developmentally delayed
 - High risk of abuse, education, safety considerations
- Children
 - Not all programs see children, each county typically has a plan, unique considerations r.e interview, medications, evidence

Normal Anatomy and findings

- Findings don't tell the whole story
- Advanced role of SANE
- Advanced A & P
- Putting the pieces together
- Helping the patient understand
- It is normal to be normal and be raped

SANE and Legal Roles

- Testify to what is seen, found and observed
- Fact and expert testimony
- Many roles of the SANE during the exam
- How the facts tell the SANE a story
 - The nurse becomes the educator for jury
 - A picture is worth gold

Wrapping Up

- Post Assault Medications
 - Azithromycin 1gm for Chlamydia
 - Ceftriaxone 250mg injection for gonorrhea
 - Metronidazole 2gm for Trichomonas
 - Plan B or Ella for pregnancy prevention
 - HIV Prophylaxis
 - Truvada
 - Raltegravir

Wrapping up

- Safety Planning
 - What is the relationship between victim and offender?
 - Does the patient have a safe discharge?
 - Are there support people in place?
 - What resources are available if no safe discharge?
 - Police/CPS/APS considerations

Wrapping up the exam

- Findings explained
- Follow up medical care
- Discussion of next steps in legal process
 - What happens with evidence
 - Police contact and reporting
 - Legal advocacy

Wrapping up

- Follow up recommendations
 - Follow up exam for medical needs, strangulation, HIV PEP
 - Referral for counseling
 - Evidence based counseling like TF-CBT, CPT
 - Referral for Legal advocacy
 - CVC information

Billing

- If the patient is assaulted in WA state, the exam and all medications are paid by WA CVC and patient should receive no bill **
- If the patient is assaulted in another state but has their exam in WA, most hospitals will bill the patient who will then need to get reimbursement from Crime Victims in the state the crime occurred. (All states are required to pay for the initial exam without reporting requirement)

Collaborative Roles SANE/Advocate

- Timing and roles
- Process at the bedside
- Patient rights
- Preparation
- Vicarious victimization and support
- Debriefing
- Patient support
- Best practices