

## **CARE OF SEXUAL ASSAULT AND RAPE VICTIMS IN THE EMERGENCY DEPARTMENT**

Sexual assault and rape victims seeking care in the emergency department are an at-risk and vulnerable population. It is imperative that victims of sexual assault and rape receive appropriate and sensitive care that addresses their medical, emotional, and legal needs. Improved and comprehensive care of these victims requires extensive planning, education, and the collective expertise of emergency care providers and other team members. The emergency nurse is a key member of this team and is instrumental in coordinating health care activities to ensure that the simultaneous goals of compassionate emergency care and forensic evidence collection are met. Many emergency nurses have become highly trained and certified Sexual Assault Nurse Examiners (SANE). The SANE nurse provides expert emergency care, evidence collection and documentation, education for health care providers and the community, and legislative and community advocacy for sexual assault and rape victims.

It is the position of the Emergency Nurses Association that:

1. Every sexual assault and rape victim has the right to expect, and should be provided, a physical and social environment conducive to private, empathetic, and unbiased care by health care providers, family members, law enforcement officers, and members of the justice system.
2. An individual-focused, multidisciplinary, multi-agency approach to the treatment, evaluation, and continued care of victims of sexual assault and rape is imperative for minimizing the short- and long-term physical and psychological trauma experienced by these patients.
3. Emergency care for sexual assault and rape victims must occur in a private and safe environment with personnel limited to examining health care providers. Translators must be available if needed. With the consent of the patient, a specially trained advocate also may be present.
4. Sexual assault and rape victims should receive comprehensive, competent, and sensitive emergency health care by emergency nurses, physicians, and others providing care for these individuals in the emergency department.
5. All emergency care providers should receive specific preparation to enable them to render the appropriate care and services that are necessary for both adult and pediatric sexual assault and rape victims.
7. Employment of SANE nurses in the emergency department is highly recommended. These nurses provide expert crisis intervention; acute care and treatment; evidence collection; detailed documentation; sexually transmitted infection and pregnancy prophylaxis; and appropriate referrals for follow-up care and counseling for sexual

assault and rape victims. The SANE nurse is prepared to provide expert testimony in court as well as serve as an educator for the nursing, medical, legal, and lay communities.

8. Emergency nurses should collaborate to promote and establish ongoing community education programs that are focused on preparing the public and emergency nurses to better identify, prevent, care for, and report incidents of sexual assault and rape.
9. Emergency nurses should be involved in research concerning the identification, assessment, and treatment of victims of sexual assault and rape.

### Resources

Littel, K. (2001). Sexual Assault Nurse Examiner (SANE) programs: Improving the community response to sexual assault victims. *OVC Bulletin*, April 2001. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Victims of Crime. Retrieved from [http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane\\_4\\_2001/welcome.htm](http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane_4_2001/welcome.htm)

National Institute of Justice (2009). *Rape and sexual violence*. Retrieved from <http://www.ojp.gov/nij/topics/crime/rape-sexual-violence/welcome.htm>

Developed: 1990.

Approved by the ENA Board of Directors: August 1990.

Revised and Approved by the ENA Board of Directors: December 1992.

Revised and Approved by the ENA Board of Directors: December 1993.

Revised and Approved by the ENA Board of Directors: April 1995.

Revised and Approved by the ENA Board of Directors: September 1997.

Revised and Approved by the ENA Board of Directors: December 1999.

Revised and Approved by the ENA Board of Directors: December 2001.

Revised and Approved by the ENA Board of Directors: January 2007.

Revised and Approved by the ENA Board of Directors: September 2010.

©Emergency Nurses Association, 2010.