

Lincoln Journal Star (NE)

March 27, 2005 Sunday

Trained Nurses Help Sexual Assault Victims Stay S.A.N.E.

By Patti Vannoy, Lincoln Journal Star

Imagine being violated in the worst possible way: raped by a stranger, a friend, a boyfriend or even a husband.

Then imagine how it feels after the terrifying experience that feels like it will never end actually does end, when the roaring rush of emotion subsides and confusing, maddening quiet sets in.

Statistics say that somewhere around 1 in 4 women – maybe even 1 in 3 – will know what this feels like at some point during their lifetime.

Statistics also say that many, many of those women never receive medical care or press charges against their assailant.

Now imagine what it feels like for the minority who do report their assault: having to recount and relive that most terrifying experience for health care workers and law enforcement officers who may have the best of intentions in how they treat you or may be rushed, jaded or discouraged about the long prosecution. Or maybe, as has happened in the past, those people to whom victims turn for help are more concerned with “Did this happen?” than “What does this person need?”

Those feelings of re-victimization are exactly what the SANE program attempts to eliminate.

All three of Lincoln’s hospitals have sexual assault nurse examiners on call and ready to respond within about 30 minutes of a victim arriving at the emergency room.

These nurse examiners have completed 40 hours of classroom training and 40 more of hands-on work, riding along with law enforcement officers, observing court proceedings and learning to perform pelvic exams.

They’re part counselor, helping the women, children and sometimes men they treat cope with the trauma, and they’re part cop, collecting evidence that the Lincoln Police Department can use to prosecute offenders.

LPD officer Maydie McGuire said the SANE program is important because it stresses the importance of giving victims back the power and control they've lost, and in the end every party's needs in the situation are met.

"It's one of the most important things, to get a SANE nurse who knows exactly what to look for, who's been trained," said McGuire, who trains police academy students and SANE nurses. "There's no way a police officer could get that kind of evidence and, like I said, getting any kind of evidence in a sexual assault is huge."

That's the hardest part for Julie Wallace, one of three SANE nurses at St. Elizabeth's Regional Medical Center, which is in the midst of training several more.

"The evidence that I collect and the words that I write down can affect whether this person is prosecuted or not," she said. "That was a little scary."

Wallace has been involved in about 10 cases since she was trained a year ago. Sometimes she's been bothered by the nature of the job, she said, but after taking a moment to regroup, she's still convinced that somebody's got to do it.

"I just felt that it was very important," she said. "Before, we had just any nurse that was here, and you wouldn't get the same continuity of care. I just feel it's so much better for the patient to have that one-on-one in a time that has been so traumatic in their life."

That one-on-one time goes like this: When a victim first arrives in the emergency room, whether by ambulance, police cruiser, friend's car or her own two feet, she is taken to a smaller, private area.

The SANE nurse on call is summoned, as well as a police officer and a victim advocate, either from the Rape/Spouse Abuse Crisis Center or Child Advocacy.

From then on, everything goes at the patient's pace, which is important when it comes to the first step: just telling what happened.

"You think about them telling that story – that's the worse experience that they could ever have, so they don't want to share that," said Cindy Selig, a clinical nurse specialist for women's health and another of 12 trained SANE nurses.

With permission, the SANE nurse then uses a kit – which can be kept confidential, connected with a victim only by a number – to collect hairs, saliva, skin cells, semen or body fluid to link the perpetrator to the crime through DNA.

They also look for bruises, bite marks and any foreign material on the clothing, such as sand, twigs and fibers.

A culposcope magnifies the view so the nurse can examine and photograph small tears in the tissue. McGuire said the instrument can make a case when the only other evidence is he said/she said.

Those photos and the careful documentation can make some women nervous, said Beth Morgan, a BryanLGH SANE nurse, so she is careful to explain the process as she performs each step.

A pregnancy test and pelvic exam are performed, and any other injuries are treated.

All of this needs to be done within 72 hours of an assault, preferably as soon as possible and before the victim has showered, brushed her teeth, used the bathroom or even had any water.

Then Morgan tells her patients, “Everything’s in your ballpark now.” Though she can never guarantee a particular outcome, as long as they have evidence in hand, victims can choose whether to prosecute. They also can choose whether to follow up with the Rape/Spouse Abuse Crisis Center or Child Advocacy.

Another large part of the SANE nurses’ job is to provide emotional support and assure the victim that the incident was not her fault, said Selig.

“They know when they leave me that we don’t blame them,” Morgan said.

The BryanLGH Medical System has handled about 600 cases since its SANE program began in 1996, Selig said.

Before the program existed, sexual assaults were usually a low priority for emergency room staff.

“In the past, victims of sexual assault would wait in the emergency room sometimes three to four hours before they were seen,” she said.

And when they were eventually examined by the doctor on duty, the process was rushed because the doctors were simply too busy.

“I did it side-by-side with a physician and, to be honest, it wasn’t anywhere as thorough as it is now,” said Morgan, who spent the first half of her 20-year career as an emergency room nurse.

Of the 107 patients seen by both BryanLGH hospitals last year, 64 were 19 or older; 43 were minors, Selig said. Almost three-fourths of the perpetrators were acquaintances of their victims.

A large majority of the 107 women, children and men (three) served last year by the hospitals’ SANE nurses gave consent for an evidence kit to be used.

But 10.5 percent did not – and that’s perfectly fine, Selig said.

“I’d rather have them come in for health care and make sure they’re OK and reassure them of that, if that’s what they want,” she said.

Because that’s better than nothing.

Reach Patti Vannoy at 473-7254 or jspvannp@journalstar.com.

Copyright © 2005 Lincoln Journal Star.