

November 16, 2007

Good morning Mr. Chairman, Commissioners, on behalf of the International Association of Forensic Nurses, and as a practicing Sexual Assault Nurse Examiner, it is an honor and pleasure to be able to testify before you here today.

The information being presented today is representative of the opinions of the International Association of Forensic Nurses. IAFN is an international membership organization comprised of more than 3000 forensic nurses working around the world, and other professionals who support and compliment the work of forensic nursing. Our mission is to provide leadership in forensic nursing practice by developing, promoting, and disseminating information internationally about forensic nursing science. Our goals are to incorporate primary prevention strategies into our work at every level; to establish and improve standards of evidence-based forensic nursing practice; to promote and encourage the exchange of ideas and transmission of developing knowledge among forensic nurses and related, collaborating disciplines; to establish standards of ethical conduct for forensic nurses; and, to create and facilitate educational opportunities for forensic nurses and related disciplines.

Practicing Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) make up the majority of our membership. By way of introduction, a Sexual Assault Nurse Examiner is a Registered Nurse specially trained in the comprehensive care of the sexually assaulted patient. We have defined in the *IAFN Education Guidelines for Sexual Assault Nurse Examiners*, the areas of education required in order to provide this care to the adolescent and adult patient, but they include multidisciplinary team concepts and function; forensic nursing; the role and responsibility of the SANE; the dynamics of sexual assault; the medical/forensic evaluation; evidence evaluation; nursing management; the criminal justice system, ethics and evaluation.

The multidisciplinary team a SANE functions within is most commonly known as a SART, or Sexual Assault Response/Resource Team. The SART generally includes law enforcement, prosecution, victim advocacy, and health care professional, but may include other community partners. The goal of the SART is often to enhance the community response to sexual assault through a victim-centered approach, with a focus on prevention, prosecution and offender accountability.

SANE practice was created from the recognition by nursing that the impact of sexual violence on the human person has enormous psychological, physical, spiritual and social effects. The health and well-being of our patient, their families and communities, is both acutely and chronically impacted by the sexual victimization the patient has endured. By the same token, receiving compassionate care at the time of the assault by an appropriately trained examiner can assist all victims in their short and long-term healing. Access to individuals well-trained in crisis intervention is another integral part of the success experienced in a given community.

As the international organization that represents the largest group of nurses providing care to victims of sexual assault I would like to make the following recommendations for any protocols involving the provision of care by Sexual Assault Nurse Examiners:

1. Safety of the SANE should be a priority. Any SANE who may be requested to respond to a correctional facility should receive specialized education about the unique issues that may impact the safety and wellbeing of the nurse who provides care to this special population.

Comment: A correctional institution is a unique environment and nurses who are not employees of a correctional institution should receive orientation to safety procedures and protocols before providing care in that setting.

2. Safety of the community, the health care providers, and the patient should be a priority when any patient is brought to an outside facility for sexual assault care.

Comment: Patients brought to a care facility outside of the correctional institution should have adequate supervision to ensure the safety of the community and the care providers. Appropriate medical records should be transported with the patient to insure that safe and appropriate care is given.

3. Correctional Institutions should use appropriately trained Sexual Assault Forensic Examiners to provide care to victims in a manner that efficiently uses institutional and community resources and provides timely care and evidence collection to the patient.

Comment: Decisions on how and where care should be provided must be made with the consideration of how to provide the best care with best use of what are usually limited resources. Shortages of trained personnel cost of education, ability to obtain and maintain clinical competency, may make an in-house response an impossibility in many institutions.

4. Protocols for care must be consistent with the scope of practice defined by the Nurse Practice Act where the nurse is licensed.

Comment: Whenever a registered nurse is providing care to a victim of sexual assault, there must be readily available access to qualified medical personnel, if the nurse encounters a condition that cannot be properly evaluated or treated under his or her scope of practice.

5. Any protocol for a response to victims of sexual assault should incorporate the standards described in the National Protocol for Sexual Assault Medical Forensic Examination when appropriate.

Comment: The National Protocol was created after consultation with professionals representing all areas of the Sexual Assault Response Team. Its dual purpose to provide victim-centered care and meet the needs of the criminal justice system is an important foundation for providing care to any victim of sexual assault. While not all aspects of the protocol will be appropriate for this population, it is important to understand that under the Nurse Practice Act of every state nurses are required to

give care in a manner that is exemplified by the National Protocol. Aspects of this care include use of informed consent, and treating each patient with respect and dignity.

If there are any questions I can answer for you, or resources I can provide, please do not hesitate to ask. And thank you again for the opportunity to speak with you today.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
EXECUTED ON THIS 16th DAY OF NOVEMBER, 2007.**

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