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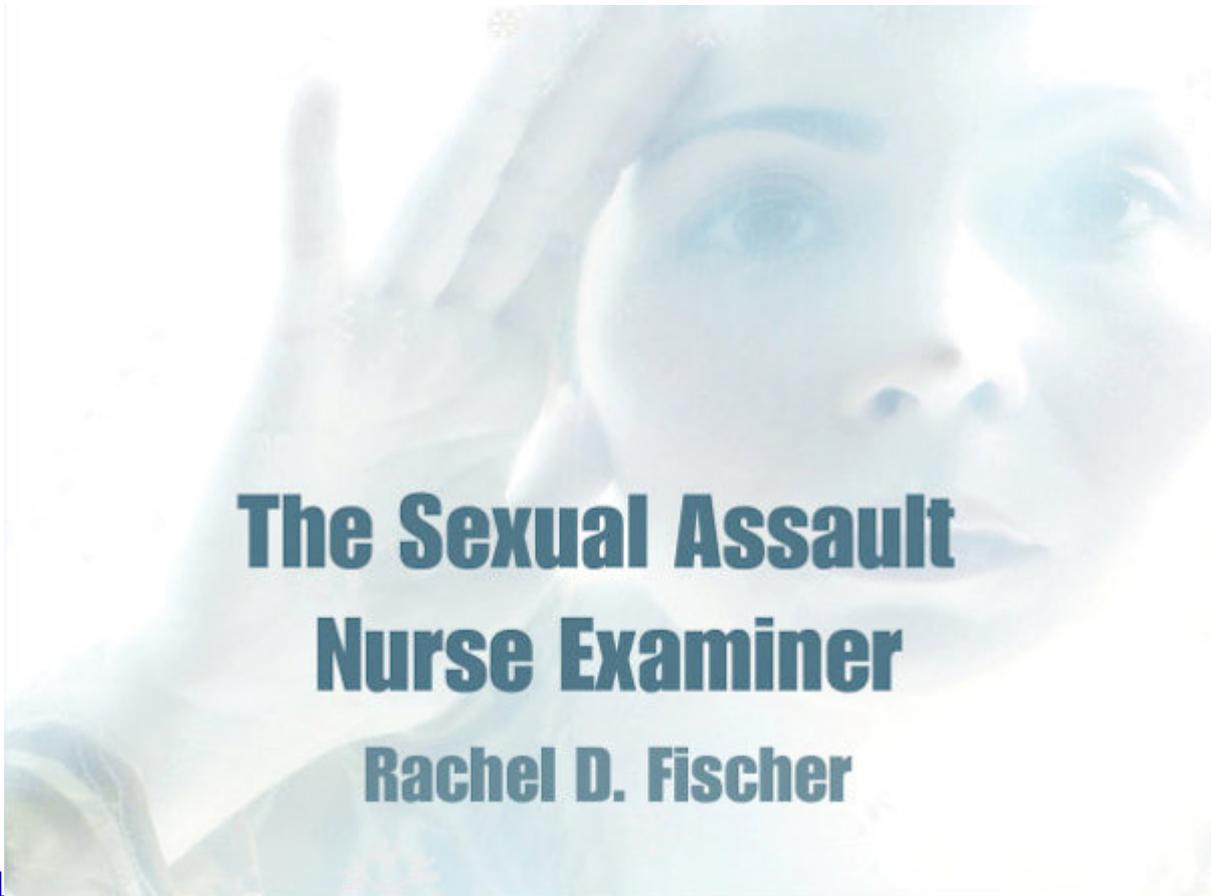
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The Sexual Assault Nurse Examiner

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In today's criminal justice system, there are people in jail who maybe shouldn't be and people on the outside who maybe should be locked up. There are two sides to every sexual assault case. Both the victim and the defendant need to rely on the scientific evidence to obtain justice. The evidence will speak for itself if the evidence is collected properly.

The solution to that is comprehensive forensic medical care and evidence collection. When discussing the phenomena of sexual assault, many people reference the need for a "rape kit." This is the common terminology for a medical exam that collects forensic evidence that can assist with identifying an assailant through DNA findings. For victims, getting a rape kit is not an easy process. A victim can't just go to any urgent care or hospital and request this service. Aside from the confusion and dilemma surrounding the insurance and payment expectation, there is a severe lack of emergency personnel trained to accurately

perform this specialized exam.

In Houston, for example, the proper help for victims of sexual assault is limited. The current system is made up of only a few hospital-based programs. Even those that do offer the service do not always have 24/7 forensic nursing coverage. A forensic nurse is a registered nurse who is specially trained in how to care for the physical and emotional needs of victims of all types of violence and who provides unbiased patient care, which aids in promoting justice for both victims and defendants. The role of the forensic nurse is not to win a case but to perform unbiased comprehensive medical forensic exams.

A SANE is a Sexual Assault Nurse Examiner, which is a nurse who has specialized training in the management of victims of sexual assault. Again, by way of example, in Houston there have been several accounts of victims seeking help at various healthcare facilities and being sent elsewhere, only to find that the next facility also lacks this service. The solution to this dilemma is going to be discussed later in the article, but first we will discuss the significance of the issue.

To say it is difficult for victims to report sexual assault and seek help is a huge understatement. According to the Rape, Abuse & Incest National Network (RAINN), 1 in 6 women and 1 in 33 men in the U.S. have been victims of rape or attempted rape, and only 310 out of 1,000 sexual assaults are reported to the police. There are countless reasons victims don't report sexual assault or seek medical care and evidence collection. The reasons are, of course, unique to each victim. However, common dynamics include doubts about being believed or being blamed for someone else's behavior, as well as fear of retaliation or just the stigma itself of sexual assault.

There is a cultural skepticism surrounding sexual assault reports. We can all agree that investigations in the criminal justice system should be grounded in facts and evidence. However, sexual assault reports, unlike other crimes, often tend to start with an assumption that it is a false report. This is true in healthcare with billing codes and charting systems. The patient's medical record will usually read as "alleged sexual assault," whereas the record of someone who arrives with a headache or chest pain will read simply "chest pain." There is no "alleged headache" or "alleged chest pain." The term "alleged" fosters skepticism and disbelief and initiates a barrier between sexual assault victims and medical professionals.

A federal law passed in 1986 known as EMTALA (the Emergency Medical Treatment and Labor Act) requires that anyone who walks into an emergency room be treated regardless of the ability to pay. While freestanding ERs in Texas are not mandated to follow EMTALA, a section of the Texas Administrative Code uses similar language. If an ER doesn't have anyone who can perform a sexual assault exam, they're supposed to help the victim get to a hospital that does. Texas Senate Bill 1191 mandates that all Texas ERs have staff trained in basic forensic evidence collection.

Even that mandate enforces only basic knowledge, though. This often leaves victims walking away without proper care, any evidence at risk of being mishandled. The nurse who provides care to sexual assault victims at these facilities may only have received the minimum requirement of 2 hours of basic training, yet they are expected to perform the same quality of forensic exam that a certified SANE would perform.

A study by the Office for Victims of Crime Bulletin found that when a properly trained forensic nurse completes a rape kit, the quality and consistency of the evidence collected improves significantly. The study also found that evidence collected by trained examiners is more likely to include proper collection and labeling of evidence, a complete crime-lab form, and the correct number of swabs and other evidence (accessed here: [\[4\]http://www.vawnet.org/sites/default/files/assets/files/2016-09/OVC_SANE0...](http://www.vawnet.org/sites/default/files/assets/files/2016-09/OVC_SANE0...)). The increased quality of evidence translates into a proper outcome at the criminal justice level.

The solution to providing comprehensive forensic-evidence collection and forensic nursing experts is a community-based collaborative solution. Harris County Forensic Nurse Examiners (HCFNE), set to launch in February 2019, will be a community-based mobile forensic program that has certified forensic nurses

available 24/7. HCFNE's mission is to provide comprehensive medical forensic exams with superior evidence collection throughout Houston and surrounding counties by coordinating a victim-centered response that assists in closing the gap in the medical and legal management of patients who have been affected by physical and/or sexual violence. HCFNE will provide care for both victims and suspects of crime to ensure that forensic evidence is properly collected and appropriate medical care is provided.

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