The SANE/Advocate Dance

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Today's Presentation

- Presenter's Bios
- Objectives
Objectives

- Clarification of Sexual Assault Nurse Examiner (SANE) and Sexual Assault Advocate Roles
- Key aspects of the Sexual Assault Advocate and SANE Collaboration
- Informed Consent, Mandated Reporting, Safety Planning, Resources and Follow Up Considerations

The Minuet

History of the Advocate and SANE Collaboration

- How it all began
- Why it worked
### Rape Crisis Center Services

- 24 hour helpline
- Information and Referral
- Crisis Intervention
- Advocacy
- Accompaniment
- Community Awareness

### Nursing Role Defined

- All Nurses:
  
  “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.”  

  ANA/Nursingworld.org 2016
Forensic Nursing/SANE: Evolution of a Nursing Specialty

- 1970s...
- 1980s...
- 1990s...
- ...And beyond

Standards of Practice
- Describe a competent level of nursing practice as demonstrated by the nursing process

Standards of Professional Performance
- Describe a competent level of behavior in the nursing role – ethics, education, quality of practice, leadership…
Forensic Nursing/SANE: Standards of Practice

- Assess
- Diagnose
- Identify Outcomes
- Plan

- Implement
  - Coordinate care
  - Health teaching
  - Consultation
  - Prescribe and Treat
- Evaluate

The Bump
Intersection of Advocate/SANE Roles

Advocate
Legal and Medical Accompaniment
Injunctions
Crime Victims
Compensation
Case Management

SANE
Forensic exam and evidence collection
Medical Assessment
Evidence documentation and photos
Toxicology and Labs
Administer Drugs
HIV and STI Information
Advocacy
Crisis Intervention
Information and Referral
Safety/Self Care Plans
Personal Support
After care
Follow up
The Mosh Pit

Figuring it out

- Consent and Informed Consent
- Mandated Reporting
- Safety Plans
- Resources
- Follow up

Consent v.
Informed Consent

Comparison of Advocate/Sane Roles

Advocate Consent

- Social Justice (Equality) model
- Empowerment based
- Built on Victim’s rights
- Victim centered
- Moral and ethical standards
- Consent for advocacy services can be obtained by advocate or SANE

Provides choices
- Allows for change
- Victim/Pt centered
- Can be impacted by psychological trauma

SANE Informed Consent

- Legally Based
- More Control over Healthcare Decisions
- Response to malpractice
- Legal consequences
- Professional consequences
- Has criteria that must be met
- Can be obtained by SANE only
- Dual priority – victim & provider
Scenario One

- Victim is 15 year old female
- Sexually assaulted 4 hours ago
- Law Enforcement on scene, takes report and you are there for the exam

Scenario Two

- 22 year old victim
- Sexually assaulted 96 hours ago
- Patient has been in and out of consciousness
- SANE confirms that victim is currently conscious and agrees to exam
Scenario Three

- Law enforcement calls for exam on 25 year old victim
- Reports victim is “slow mentally” and Dad is accompanying

Flowchart: Obtaining Consent for an Exam for a Minor Reported to LE
Obtaining Consent for an Exam for a Minor

Person under the age of 18 requests an exam

Is the victim accompanied by parent or legal guardian?

No

Yes

Use agency policy for accepting guardianship documentation. A court order may be obtained but the exam must be delayed until it is obtained.

Yes

Is the guardian giving consent for the medical forensic exam?

Do NOT perform the exam because informed consent has been withdrawn

Perform the exam. Perform only those portions for which consent has been obtained

Is the patient still preventing the exam?

No

Yes

Obtaining Consent for an Exam from a Victim of Sexual Assault Who May Be Incapacitated

Informed Consent

Options for consent include: waiting until incapacitation is resolved; getting court order to do the exam; getting guardian approval
Person with DD presents to your facility reporting being sexually assaulted.

Speak with the person alone in a safe and confidential location.

Take time to question the patient using clear tips:
- Explain your role and why the exam is being performed.
- Go slowly; remember that the stress of trauma can cause a victim to have more difficulty speaking, communicating, and comprehending their speech.
- Speak in small increments and consider verbal/non-verbal communication to ensure understanding.
- Discuss one thought or concept at a time.
- Allow the patient 10 seconds to answer before rephrasing your question.
- Use age-appropriate language.
- Remember that receptive and expressive communication may be at different levels. A patient may understand more than they can verbalize, or verbalize more than they can fully understand.

Can the patient verbally describe why they are there?

Can the patient communicate understanding of what the exam consists of, risks/benefits, alternatives?

Did the patient arrive with another individual?

No
Yes

Can the person describe why they are there in another non-verbal way—picture board or facilitated communication?

Yes
No

Is the person accompanying the patient a legal guardian and can they produce the documentation?

Yes
No

Does the guardian give informed consent for the medical-forensic exam?

Yes
No

In the event the patient is preventing the exam because they are verbally and/or physically fighting the exam:

Perform the exam. Perform only those portions for which consent has been obtained.

The Waltz

A Timeless Partnership

- Best practices to avoid stepping on toes
- Benefits to the victim/survivor
- Cross training ideas
Questions are guaranteed in life; Answers aren't.

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