

Testimony of Denise S Covington, MSN, RN, SANE-A
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H.B. No. 6361 (Raised): An Act Concerning the Establishment of a Sexual Assault
Forensic Examiner Program

Committee on Public Health
Senator Harris and Representative Ritter, Co-Chairs
Members of the Public Health Committee

Honorable Chairs and Members of the Committee: I am an emergency nurse with a B.S. in Criminal Justice – Investigative Services and an M.S.N in Forensic Nursing. I am board-certified as a Sexual Assault Nurse Examiner in Adults and Adolescents (SANE-A). My past experiences also include the non-nursing role of the sexual assault advocate. I am the current President of the Connecticut Chapter of the International Association of Forensic Nurses (CT IAFN) and represent the chapter as a member of the SANE/SAFE Coalition.

Across the nation, according to the International Association of Forensic Nurses, there are 459 listed sexual assault forensic programs (as of 2/10/09). Connecticut has only one such program listed. While many of these programs have been developed within hospital settings, there has recently been an increased recognition of the need, not only for the specialized services needed for the care of the sexual assault patient, but also consistency in those services. The result is that states such as Maine, New Jersey, and Massachusetts have worked to establish state-wide Sexual Assault Nurse Examiner programs.

Nurses and physicians (including those in the emergency settings) are not well-versed in the science of evidence collection. The result is inconsistency, even in spite of a standardized kit. As an advocate, I have witnessed first hand the inconsistency in evidence collection from hospital to hospital. As an emergency nurse trained and educated as a SANE nurse, I have had managers and peers alike come to me with concerns when it came to the care of the sexual assault patient.

The care of the sexual assault patient is time-consuming and requires one-to-one nursing care, particularly during the evidence collection portion. In a busy emergency department the care of a sexual assault patient usually means that a nurse is no longer available to take a full patient assignment – resulting in longer wait times for others and often hurried care for the sexual assault patient. This, combined with lack of training and education can mean contaminated or otherwise compromised evidence. The quality of care, as well as the legal process, is affected. A compromise in evidence collection can actually affect public safety since compromised evidence is not useful in the prosecution of sexual offenders. (over)

While it may seem superfluous to discuss the establishment of a SANE/SAFE program in Connecticut in light of the current economic climate, the fact is that I have often seen sexual abuse and assault in the history of patients I have cared for in the emergency department who are in crisis and who have psychiatric problems; I have seen it in the background of many I have worked with while a case manager in one of the state's domestic violence shelters, and how many times do we see news stories about a sexual assault in this state? Other states have recognized that the level of care we provide for victims of heart attack and stroke should also be provided for victims of assault. Should Connecticut be any different?

A Rapid Response SANE/SAFE Program will not only provide what has become the gold standard of care for the sexual assault patient, it will also provide consistent high-quality evidence for the prosecution of those who would sexually assault others, and it would enhance public safety in Connecticut.

We respectfully request that the committee consider the recommendations of the SANE/SAFE Coalition, and consider implementing the first steps of those recommendations. Thank you for your careful and thoughtful consideration in this matter.

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