

Testimony of Jennifer Hiscoe, RN, MSN, SANE-P
Submitted to the Public Health Committee
Public Hearing, February 11, 2009

Senator Harris, Representative Ritter, members of the Public Health Committee: Thank you for giving me the opportunity to speak to you today about *House Bill 6361, An Act Concerning The Establishment Of A Sexual Assault Forensic Examiners Program*. My name is Jennifer Hiscoe and as Registered Nurse I have worked within the Emergency Department (ED) at Connecticut Children's Medical Center as a staff nurse, a Sexual Assault Nurse Examiner (SANE), and as the past coordinator of a hospital-based SANE program. I currently work in the Emergency Department as the Trauma Program Manager. I am certified as a SANE by the International Association of Forensic Nurses (IAFN). I am an adjunct professor at Quinnipiac University teaching the Sexual Assault Forensic Examiner course offered to nurses and physicians. I am an active member of the International Association of Forensic Nurses and the SAFE/SANE Coalition.

A Sexual Assault Nurse Examiner is a nurse who is specially trained in conducting a medical/forensic examination and has the ability to testify in court as an expert witness. The medical/forensic examination consists of obtaining a history from the patient, performing a head to toe physical exam, performing a detailed ano-genital exam, and collecting forensic evidence. SANE nurses receive 40 hours of didactic education and approximately 40 hours in the clinical setting under the direction of a physician or SANE nurse.

As an emergency department nurse, the education I received to care for sexual assault patients included a binder with copies of the 14 steps in the "rape kit" and a pamphlet from the Sexual Assault Crisis Center. My first sexual assault patient, a teenager who had been assaulted by her mother's boyfriend and held in a hotel, was in the ED for my entire 12 hour shift. The physician and I had never collected evidence or conducted a sexual assault exam. Medical/forensic exams are not taught in nursing or medical school. We both felt extremely anxious and that we concentrated more on the evidence collection and preservation than on the patient out of fear of doing something wrong.

Sexual assault patients often do not present with life threatening injuries therefore, they are triaged at a lower level and will wait long hours to be seen. Upon arriving in the ED, they repeat the history of their assault continuously from speaking with the triage nurse, to the primary nurse, the resident, the attending physician, the social worker, and law enforcement. This supports victims' consistent reports of feeling interrogated and not believed by healthcare providers. During this time, they are not able to eat, drink, brush their teeth, go to the bathroom, or shower. The exam, invasive and humiliating to the patient, requires the primary nurse or physician to collect the patient's clothing, inspect their entire body with a black light and swab any part of their body touched by the assailant, collect blood samples, clip their fingernails, pull hair from their head and pubic area, and obtain swab samples from their mouth. Overwhelmingly, victims of sexual assault report feeling physically and emotionally re-traumatized by the examination when performed by untrained and hurried personnel. This portion of the exam may take as

long as two hours. The primary nurse's patients are watched over by other nurses in the department, increasing the nurse to patient ratio in the ED. The remainder of the exam; inspection and evidence collection of the genitalia, the vagina, and anus, is performed by a physician, when time allows. It is not unusual for patients to wait another one to two hours for the physician and this portion of the exam may require as much as an hour as well. During this period of time, overall patient flow throughout the ED is compromised often resulting in inconsistent, rushed, and incomplete examinations as nurses and doctors are pulled out of the regular staffing of the ED. Many times, patients give up and leave before being seen or without completion of the exam.

As the past coordinator of a SANE program, I can attest that dedicated, on-call services by SANE nurses drastically improved the care sexual assault patients received when presenting to the ED. Patients received compassionate, comprehensive care by one nurse specially trained in the collection and preservation of forensic evidence. Documentation was complete and consistent. Photographs of all injuries were obtained. The number of times the patient relayed the history of their assault was reduced to one nurse. The time from triage to discharge averaged four to five hours as opposed to nine to ten hours previously. Patient flow in the ED was not disrupted. Follow-up care was planned individually with the patient, taking into account their specific needs and limitations. Care of the patient was well coordinated between Sexual Assault Crisis Counselors, law enforcement, social work services, and the SANE provider. Communication improved dramatically as well as a higher level of respect between the above entities; positively impacting the patient and their progress through the criminal justice system.

Overwhelmingly, hospital administrators, physicians, and nurses alike, support the use of SANE nurses in the ED. We all want to provide the best care possible for these patients. But due to the shared fiscal and personnel shortages affecting many Connecticut hospitals today, it is not feasible to propose each maintain their own SANE program with 24/7 coverage. There currently are seventy SANE trained nurses in Connecticut. Bringing these nurses together and establishing a state-wide SANE/SAFE program would enable victims of sexual assault to receive the compassionate and standardized exam they deserve. I respectfully ask the committee to support *House Bill 6361, An Act Concerning The Establishment Of A Sexual Assault Forensic Examiners Program.*

Thank you.

Jennifer Hiscoe
jhiscoe@ccmckids.org
860-545-9810