



# **Sexual Assault Nurse Examiner (SANE)**

## **Adult / Adolescent**

### **Program Guidance Document**

#### **VICTIM CENTERED APPROACH**

#### **DECEMBER 9, 2018**

## **INTRODUCTION**

Anyone who has experienced sexual violence has a right to receive a medical forensic exam (MFE), from a qualified sexual assault forensic / nurse examiner utilizing a victim-centered approach. A victim-centered approach “is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.”<sup>5</sup> In comparison and very closely aligned is the Institute of Medicine’s definition of patient-centered care as: “Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.”<sup>1</sup> Although the terms “victim-centered” and “patient-centered” are very closely aligned, there are important differences. “Victim-centered” speaks directly to the fact that the person has had “something” done to him/her and “patient-centered” does not. (The “something”, for the purpose of this document, is a sexual assault.) In a victim-centered approach, the patient’s medical well-being, wishes, and safety take priority in all matters and procedures.<sup>5</sup>

This guidance document will use the term “victim-centered” because the SANE must provide care to the patient acknowledging that a patient who is a victim of sexual assault has special needs.

## **VICTIM-CENTERED APPROACH**

A victim-centered approach begins the moment the SANE meets the patient who has experienced sexual assault. Creating a safe environment is strongly influenced by how consistently and forthrightly a SANE handles a situation that may provoke feelings of being vulnerable or unsafe. The demeanor and tone of voice of the SANE will create the atmosphere for the patient care encounter. The patient will quickly determine if the environment is safe. If it is not, the patient will be hesitant to share his/her physical and emotional needs, and providing effective care will be hindered.

Conveying the below listed attitudes or attributes to the patient, through verbal or non-verbal behavior, increases the likelihood of creating a safe environment.

- Honesty
- Openness
- Access
- Respect (individual and cultural)
- Non-judgmental
- Supportive
- Patience
- Believing

During a sexual assault the patient's sense of control is taken from him/her. Therefore, it is important to recognize that victims of sexual assault need to regain a sense of control once the assault is over. The SANE may assist the patient to regain a sense of control by empowering the patient to make decisions regarding care and treatment, and focusing on the patient's strengths. (Once the patient makes a decision, it must be honored.) Making decisions assists the patient to feel competent in making choices and in regaining control of self and environment. Asking the patient how they have dealt with adversity in the past helps the patient and SANE to focus on a patient's strengths (what has worked well in the past). Focusing on strengths helps the patient to remember that he/she has overcome problems or challenges in the past and can do so again.

**UTILIZING A VICTIM-CENTERED APPROACH** when providing care

- Protect the patient's privacy and attend to the patient's immediate physical and emotional needs
- Ensure the safety of the patient
- Avoid re-traumatizing the patient
- All treatment, discussions and care should be voluntary
- Be sensitive to the individual needs of the patient (physical, mental and spiritual)
- Assist the patient in regaining a sense of autonomy
- Support and empower the patient in decision making
- Obtain informed consent and reinforce to the patient that all decisions are left up to him/her
- Ensure and maintain confidentiality
- Treat the patient in a non-judgmental manner
- The patient's decision to report, or not to report, the sexual assault should not influence care provided

## References

1. Institute of Medicine. "Crossing the Quality Chasm: A New Health System for the 21st Century"
2. International Association of Forensic Nurses, Sexual Assault Nurse Examiner (SANE) Education Guidelines, 2018
3. Lauren's Kids, Inc., Trauma Informed Care Techniques for Adoptive and Foster Parents of Sexually Abused Children; Facilitator's Guide, Module 1
4. Maslow's hierarchy of needs,  
[https://en.wikipedia.org/wiki/Maslow%27s\\_hierarchy\\_of\\_needs](https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs)
5. Office for Victims of Crime Training and Technical Assistance Center, Human Trafficking Task Force e-Guide, Strengthening Collaborative Responses. Accessed, December 3, 2018.  
<https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/>
6. Office for Victims of Crime, *Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime (Model Standards)*, 2010, [https://www.ovc.gov/model-standards/purpose\\_and\\_scope.html](https://www.ovc.gov/model-standards/purpose_and_scope.html).
7. Regional Support Office to the Bali Process; Enhancing a Victim Centered Approach: The Bali Process, 2016  
[https://www.baliprocess.net/UserFiles/baliprocess/File/RSO-CIFAL-curriculum%20Enhancing%20a%20Victim-Centered%20Approach\\_A4\\_Final\\_2017-02-14\\_for-web.pdf](https://www.baliprocess.net/UserFiles/baliprocess/File/RSO-CIFAL-curriculum%20Enhancing%20a%20Victim-Centered%20Approach_A4_Final_2017-02-14_for-web.pdf)
8. Trauma-Informed Care in Behavioral Health Services, Quick Guide for Clinicians; Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, HHS Publication No. (SMA) 15-4912 First Printed 2015