Whereas, One in 6 women and 1 in 33 men have experienced an attempted or completed rape in their lifetime, and there were 323,450 reports of rape or sexual assault in the United States in 2016;\(^1\)\(^2\) and

Whereas, Hospital emergency departments (EDs) typically serve as the primary point of care for survivors of sexual assault, accounting for approximately 65,000–90,000 emergency department visits per year;\(^3\) and

Whereas, The medical forensic examination (MFE) consists of a full head-to-toe physical examination focused on documenting a patient’s physical injuries and procuring DNA evidence to assist in the prosecution of a case;\(^4\) and

Whereas, Performing a MFE has been shown to increase prosecution rates, and patients who have chosen to undergo the MFE may do so to gain closure and emotional healing from the traumatic event;\(^5\) and

Whereas, While the MFE can be completed by a variety of healthcare providers including emergency medicine (EM) physicians, nurses/nurse practitioners, and physician assistants, EM physicians are the primary examiner performing these exams despite recommendations that encourage the involvement of other providers;\(^4,\)\(^6\) and

Whereas, The MFE takes on average two hours to perform, must be completed within 72 hours of the assault, and a chain of custody must be maintained where the examiner cannot leave the evidence unattended until it is sealed for storage or handed to an authorized law enforcement agent;\(^4,\)\(^7\) and

Whereas, EM physicians typically see 2.48 patients per hour, which makes it difficult to effectively complete the MFE and maintain custody of the evidence alongside their clinical responsibilities;\(^4,\)\(^8\) and

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Whereas, There is currently no national consensus on EM resident education for sexual assault examinations, leading to EM physicians who are undertrained to complete the MFE;\(^9\) and

Whereas, Sexual assault nurse examiners (SANE) are health care personnel specially trained to perform the MFE and their involvement is associated with higher rates of survivors’ psychological recovery and offender prosecution due to better collection of forensic data;\(^10,11\) and

Whereas, Although there are now over 600 SANE programs nationwide, many EDs lack access to SANE personnel, especially in rural or smaller communities;\(^12,13\) and

Whereas, The United States Government Accountability Office released a study highlighting “weak stakeholder support for examiners” as one of the main reasons for poor availability of SANE personnel;\(^14\) and

Whereas, The American College of Emergency Physicians, the International Association of Forensic Nurses, and the Department of Justice all recommend that the MFE be performed by specially trained medical personnel such as a SANE, and the Police Foundation in Texas found that there is “reluctance by nurses, hospital administrators and criminal justice officials to [have] non-SANEs conduct medical forensic exams”;\(^14,15\) and

Whereas, Expanding the SANE program nationwide may decrease the burden on ED physicians and provide better care to sexual assault survivors;\(^4,15\), therefore be it

RESOLVED, That our American Medical Association advocate for increased patient access to sexual assault nurse examiners in the emergency department. (New HOD Policy)

Fiscal Note: not yet determined

Date Received: 09/21/18

RELEVANT AMA POLICY

Sexual Assault Survivors H-80.999
1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors.

2. Our AMA advocates for the legal protection of sexual assault survivors rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (A) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (B) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (C) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (D) be informed of these rights and the policies governing the sexual assault evidence kit; and (E) access to emergency contraception information and treatment for pregnancy prevention.


3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016.


**Sexual Assault Survivor Services H-80.998**

Our AMA supports the function and efficacy of sexual assault survivor services, supports state adoption of the sexual assault survivor rights established in the Survivors' Bill of Rights Act of 2016, encourages sexual assault crisis centers to continue working with local police to help sexual assault survivors, and encourages physicians to support the option of having a counselor present while the sexual assault survivor is receiving medical care.

Citation: Res. 56, A-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CSA Rep. 8, A-05; Reaffirmed: CSAPH Rep. 1, A-15; Modified: Res. 202, I-17

**Access to Emergency Contraception H-75.985**

It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through pharmacies, hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; and (5) to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter.

Citation: (CMS Rep. 1, I-00; Appended: Res. 408, A-02; Modified: Res. 443, A-04; Reaffirmed: CSAPH Rep. 1, A-14)

**HIV, Sexual Assault, and Violence H-20.900**

Our AMA believes that HIV testing should be offered to all victims of sexual assault, that these victims should be encouraged to be retested in six months if the initial test is negative, and that strict confidentiality of test results be maintained.

Citation: (CSA Rep. 4, A-03; Modified: CSAPH Rep. 1, A-13)