



Implementing a Sexual Assault Response Team (SART) in the Emergency Department for Pediatric Sexual Assault Victims

Erika Blaszczyk, BSN, RN
XAVIER UNIVERSITY

PURPOSE

- ❖ To create a SART (Sexual Assault Response Team) for pediatric in hospital emergency rooms
- ❖ Goal 1: To provide a quicker response to sexual assault victims that present in emergency rooms
- ❖ Goal 2: Physical evidence can be collected properly and used to convict offenders
- ❖ A SART would provide consistency in the hospital for all patients that enter the emergency room
- ❖ Once a patient has been identified as a sexual assault victim in the emergency room, the patient then becomes a one-to-one patient freeing doctors and other nurses to work with other patients
- ❖ Many prosecutors find that a forensically-trained nurse has more credibility when testifying during a court case simply because nurses conduct more forensic evidence exams than physicians.

Outcomes

- ★ Unfortunately, initiating a SARTs program was halted early on during the early first stages of development at the chosen hospital because it was bought and merged with another hospital
- ★ Research shows that having a SART is beneficial but there is little research that shows on the teams help the victims
- ★ A SART program takes years to implement in hospitals
- ★ Since there are many stakeholders involved there are often problems with educational gaps with participating individuals leave the hospital.



Background

- ★ Child sexual abuse is an underestimated issue due to the children's lack of reports and difficulty recognizing and intervening by emergency room staff (Hoehn et al., 2018)
- ★ The consequences of child abuse include immediate injuries, physical abuse, and severe late repercussions on the child's neurologic, cognitive, and emotional development (Poropat et al., 2020)
- ★ "Every 73 seconds, an American is sexually assaulted, and every 9 minutes, that victim is a child" (RAINN, 2021)
- ★ SART team members include victim advocates, law enforcement officers, detectives, forensic medical examiners, paramedics, forensic scientists, and prosecutors (NSVRC, 2018)
- ★ There is a hospital protocol for an adult sexual assault victim but not a pediatric sexual assault victim
- ★ The clinical educator of the emergency department also confirmed that only two other emergency room staff members and herself had completed the required specialized training for conducting sexual assault examinations with forensic evidence collection



XAVIER
UNIVERSITY

Conclusion

- ❖ Goal 1: A victim experience survey will help quickly identify if a pediatric patient had experienced sexual assault
- ❖ Goal 2: A SANE nurse would be properly trained to collect evidence from the pediatric assault victim
- ❖ A SART program is not needed in every hospital and is not required to teach a properly care for a victim

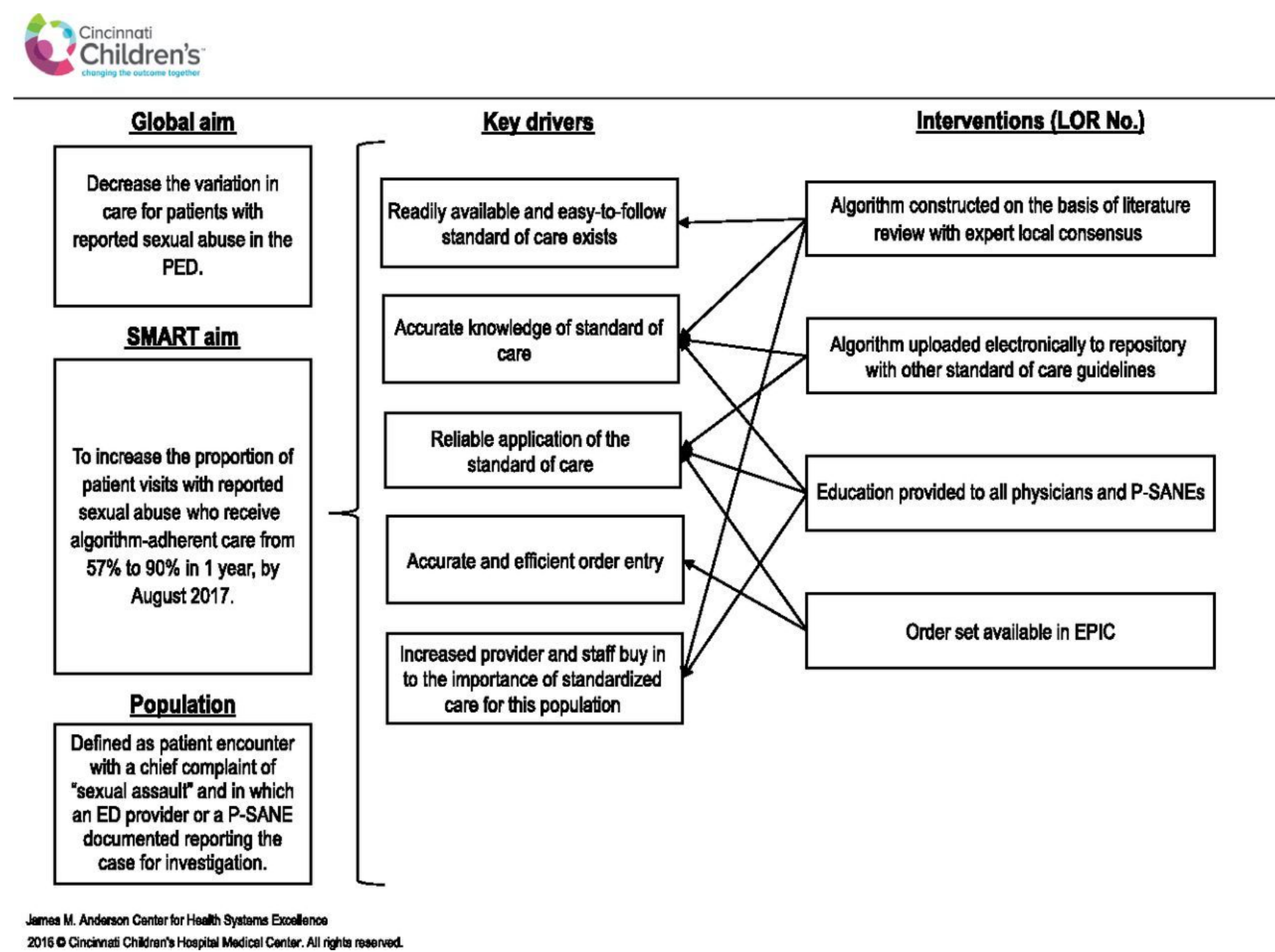
Methods

- ❖ One widely used method for developing a SART program is the Eight Step Model Process developed by Boles and Patterson in their book, Improving Community Response to Crime Victims: An Eight-Step Model for Developing Protocol (GSART, 2018)
- ❖ Step 1: taking inventory of existing services - identify how pediatric sexual abuse is currently assessed
- ❖ Step 2: victim experience survey - develop a survey of questions to ask victims to identify abuse
- ❖ Step 3: community needs assessment - conducting a community needs assessment and compile a report of the findings
- ❖ Step 4: writing the protocol - define the roles and the responsibilities of each stakeholder in response to the needs of the victims. A protocol developed for one community is may not be a sufficient protocol for another community
- ❖ Step 5: formal agency adoption of protocol - Every stakeholder reviews the protocol and official acceptance of the protocol is agreed upon and signed
- ❖ Step 6: training - Individuals from various agencies who will be working together to respond to reports of sexual assault should begin their relationships by training together.
- ❖ Step 7: monitoring - enables a SART to see how well the implementation process is progressing, whether there are problems, and the nature of any problems being experienced
- ❖ Step 8: evaluation - helps to determine how effective the protocol is at meeting victims' needs

Relevance to Nursing

- ★ Implementing a pediatric SART team is developed to help victims of sexual assault or rape with compassionate one-on-one-centered care to help the victim during one of the worse times of their life
- ★ The pediatric SANE/SART nurse is a qualified professional nurse that gives victim-centered care in support within the emergency department.

Framework



- ★ Appendix C gives physician's an example evaluation and treatment diagram that was developed in Ohio for proper sexual abuse care

References

- Georgia Sexual Assault Response Team Guide. (2018). Retrieved February 1, 2021, from <https://www.svrga.org>.
- Hoehn, E. F., Overmann, K. M., Fananapazir, N., Simonton, K., Makoroff, K. L., Berkeley, B. L., Duma, E. M., & Murtagh-Kuroski, E. (2018, December). Improving Emergency Department Care for Pediatric Victims of Sexual Abuse. *Pediatrics*, 142(6): e20181811.
- National Sexual Violence Resource Center (NSVRC) 2nd edition. (2018). SARTS Toolkit. Retrieved February 1, 2021, from <https://www.nsvrc.org/sarts/toolkit>.
- Poropat, F., Canuto, A., Caddeo, G., Predonzani, E., Novello, L., Zorzetto, A., Germani, C., & Barbi, E. (2020, May 13). Judicial outcome and follow-up of abused child protection acts in a pediatric emergency department: 12-year experience in a third level pediatric hospital. *Italian Journal of Pediatrics*. 46(59). <https://doi.org/10.1186/s13052-020-00823-6>.
- Rape, Abuse, and Incest National Network (RAINN). (2021). Statistics. Retrieved February 1, 2021, from <https://www.rainn.org/statistics>.