TITLE: Sexual Assault Nurse Evaluation (SANE) Rape Crisis Procedure: Clinical Effectiveness and Guidelines

DATE: 25 June 2013

RESEARCH QUESTIONS

1. What are the benefits and harms associated with the Sexual Assault Nurse Evaluation (SANE) procedure compared to other rape crisis procedures, for victims of sexual assault?

2. What is clinical evidence regarding the optimal time to perform the SANE procedure?

3. What are the patient benefits and harms associated with the rape crisis examination performed by medical professionals trained in the SANE procedure compared to medical professionals who are not trained?

4. What are the patient benefits and harms associated with the performance of medical and forensic sexual assault examinations in different medical facilities?

5. What are the evidence-based guidelines regarding the use of the SANE procedure for victims of sexual assault?

KEY MESSAGE

Three non-randomized studies were identified regarding benefits and harms associated with the Sexual Assault Nurse Evaluation (SANE) procedure compared to other rape crisis procedures, for victims of sexual assault.

METHODS

A limited literature search was conducted on key resources including PubMed, CINAHL, The Cochrane Library (2013, Issue 5), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. The search

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material and may contain material in which a third party owns copyright. This report may be used for the purposes of research or private study only. It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners’ own terms and conditions.
was also limited to English language documents published between January 1, 2003 and June 12, 2013. Internet links were provided, where available. The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

Three non-randomized studies were identified regarding benefits and harms associated with the Sexual Assault Nurse Evaluation (SANE) procedure compared to other rape crisis procedures, for victims of sexual assault. No relevant health technology assessments, systematic reviews, randomized controlled trials, or evidence-based guidelines were identified. Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Two non-randomized studies\(^1,\(^3\) (pediatric emergency department\(^1\) and general emergency department\(^3\)) compared outcomes in patients who received sexual assault nurse examiner (SANE) services and those who did not. Patients who were treated by a SANE were more likely to have:

- documented genitourinary exam\(^1\)
- documented genitourinary injury\(^1\)
- testing for sexually transmitted infections\(^1\)
- treatment for sexually transmitted infections\(^3\)
- pregnancy testing\(^3\)
- prophylaxis for pregnancy\(^1,\(^3\)
- referral to rape crisis centres and counselling services\(^1,\(^3\)
- assault reported to, and filed by, police\(^3\)
- evidence kits completed\(^3\)
- higher conviction rate and longer average sentence\(^3\)

One non-randomized study\(^2\) examined the impact of a training program on residents’ knowledge in the management of sexual assault. After training, residents’ scores in written knowledge and evidence collection were significantly improved and were similar to the scores obtained by experienced SANE providers. Scores for patient-based communication did not change.

No information was identified regarding optimal timing or setting for the procedure. No evidence-based guidelines were identified.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies


Guidelines and Recommendations
No literature identified.

PREPARED BY:
Canadian Agency for Drugs and Technologies in Health
Tel: 1-866-898-8439
www.cadth.ca
APPENDIX – FURTHER INFORMATION:

Non-Randomized Studies

Evidence collection and possible impact of SANE on conviction rates


Qualitative studies


Guidelines – forensic


Review Articles


Additional References


