Forensic nurses provide cheaper and better clinical care for rape and sexual assault complainants than doctor counterparts

Sexual assault nurse examiners (SANE) or Forensic nurse examiners (FNE) are fully qualified nurses, trained to gather forensic evidence in rape and sexual assault cases. This review compares the reliability and efficacy of FNE/SANE health professionals with that of doctors. FNE/SANE provides cheaper services and better clinical care. However, more research is needed, as the evidence base is weak.

What did the review study?
In the UK incidents of rape and sexual assaults are referred to a sexual assault referral centre (SARC). These are typically headed by forensic doctors who conduct forensic examinations, collecting and documenting findings and preparing statements for court when requested by the police. In the United States, the equivalent institution for SARCs are headed by sexual assault nurse examiners (SANE).

This review compares the reliability and efficacy of forensic nurse examiners (FNE) with that of doctors for the forensic examinations of rape and sexual assault complaints.

What studies are included?
Included studies reported on the following outcomes using quasi-experimental trial designs: complainant quality of life, conviction and prosecution rates, complainant mortality within 30 days, time from complain to examination, provision of STI, pregnancy and HIV prophylaxis, collection and documentation of rape kits and forensic examination, number of rape kits admissible as evidence, and the average cost per price. Participants include complainants of rape or sexual assaults regardless of age or gender. The comparison group comprised of participants examined and treated by a non-SANE health professional.

A total of 8 studies consisting of 2,700 participants were included in the final
How up-to-date is this review?
The review authors searched for studies published until February 2012. This Campbell Systematic Review was published in May 2014.

What is the Campbell Collaboration?
The Campbell Collaboration is an international, voluntary, non-profit research network that publishes systematic reviews. We summarise and evaluate the quality of evidence about programmes in the social and behavioural sciences. Our aim is to help people make better choices and better policy decisions.

About this summary
This summary was prepared by Ada Chukwudozie and Howard White (Campbell Collaboration) based on the Campbell Systematic Review 2014:5 Forensic Nurse Examiners versus Doctors for the Forensic Examination of Rape and Sexual Assault Complaints: A Systematic Review by Clare Toon and Kurinchy Gurusamy (DOI 10.4073/csr.2014:5). Tanya Kristiansen (Campbell Collaboration) redesigned and edited the summary. Financial support from the American Institutes for Research for the production of this summary is gratefully acknowledged.

evaluation. The studies were conducted in the UK and USA.

What are the main findings from this review?
Treatment by forensic nurses results in better outcomes than treatment by doctors in a number of cases. Complainants receive better medical care: they are more likely to have a forensic examination (rape kit) and to have it documented, and they are more likely to receive STI and pregnancy prophylaxis than those in the non-SANE group.

More rape kits in the SANE group were admissible as evidence in court from complainants handled by forensic nurses than doctors. However, no difference was found in conviction or prosecution rates. There was no data available on the complainant quality of life.

Sexual assault nurse examiners are less expensive than their doctor counterparts.

What do the findings in this review mean?
The main results presented in this review show that FNEs/SANEs are better in terms of providing better medical care and cheaper services than doctors for the forensic examinations of rape and sexual assault complaints. However due to the limited data available to this review, the evidence-base for this conclusion is weak and as such, the evidence is insufficient to support making any significant changes to current services provided for rape and sexual assault complainants.

The most important outcome to be considered was the quality of life of the complainants. However, there was no data available on that. Further research is thus needed to investigate the quality of life of the complainants post rape and forensic examination, both on the short and long-term. Additionally, studies evaluating the overall quality and efficiency of nurse and doctor-led services with all the outcomes listed above should be conducted on a much larger scale than to establish a stronger evidence-base.

Finally, research is necessary to identify the barriers to the implementation of a nurse-led service for the forensic examination of complainants of rape and sexual assault, particularly in the UK.