SANE nurses staff Alberta’s sexual assault response team

Alberta’s first sexual assault response team was recently launched in Edmonton with a unique core of professional staff. The team’s 11 nurses have all undergone sexual assault nurse examiner training (SANE), a program that is relatively new in Canada.

Seven Edmonton hospitals are participating in the 2-year pilot project, in which SANE nurses are on call 24 hours a day and respond within 1 hour. If the woman involved is over 14 years old and her assault has occurred within the past week, these nurses conduct a 3-hour examination that includes swab collection for DNA evidence and the taking of photographs. Edmonton police have provided a “rape kit” to help standardize methods for collecting evidence. Medication may be given to provide emergency contraception or treatment for sexually transmitted diseases.

Dr. Bonnie Abel, the emergency physician who serves as the team’s medical director, says sexual assault patients arrive in emergency rooms “by default, more than anything else.” Because of the extra time required for the examinations and logistical considerations such as handling forensic evidence, she adds, “this has not been a favourite part of emergency medicine. I hope that by the end of the pilot project we would look at recruiting interested physicians who have been doing this work in the community as well.”

About 200 sexual assaults are reported in Edmonton each year, representing an estimated 6% of all assaults. In its first 7 weeks, the team saw 25 women; Elaine Degrandpre, the program’s director, predicts that members will see more than 200 women in the first year. Most of the women “have been very happy to see another woman,” says Degrandpre. The emergency medicine community has also been “very positive,” adds Abel.

“If we can access these women early on, and they can have a positive first interaction with health care providers, this may go a long way to getting them to feel that they are more of a survivor than a victim,” says Abel. “It may help prevent some of the long-term sequelae that are seen in people who don’t have the crisis intervention early on. By extension, they may feel more comfortable with the investigative process and the judicial system, and we may see reporting rates to police increasing, as the process we have in place is perhaps more efficient and a little bit more user friendly.”

Brochures about the program have been distributed to Edmonton family doctors, and some residents in obstetrics and gynecology have shown interest in participating in the SANE training. — Heather Kent, Vancouver

Africa’s “future is frightening” because of HIV

Worldwide, an estimated 8.2 million children have been orphaned by AIDS, and that figure is slated to escalate to 40 million people — roughly 10 million more than Canada’s current population — within a decade. But this is only one aspect of the devastating aftermath of AIDS, a panel of experts said during the Sixth Canadian Conference on International Health last fall.

“The future is frightening,” said Dr. Lucy Nkya, a Tanzanian physician. “This disease places the greatest burden on an already strained health care system and it hits the workforce.”

The social consequences, which include impoverishment and the creation of orphans, are devastating. Many women in eastern and southern Africa are already living in poverty in the aftermath of AIDS because some local inheritance laws dictate that when a woman’s partner dies, she inherits nothing. They then may trade sex for employment or a promotion, says Nkya, or they enter the commercial sex trade, in both cases becoming vulnerable to HIV infection. In some regions, 30% to 40% of African women are already infected, as are 20% of babies. Worldwide, the conference was told, women account for 43% of all new HIV infection. “Poverty is the single most important cofactor in the spread of HIV/AIDS in the developing world,” Nkya said.

And when the mother herself dies, children become the heads of house-