Do men belong in Sexual Assault Nursing?

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WellSpan Health System

Objectives

• Discuss the perceptions of female SANEs regarding males in the SANE role.

• Identify key themes that both support and preclude males from practicing as SANEs.

Men in Nursing - U.S.

Percentage of Male Nurses in the United States, 1890-2000

- Men are subject to stereotypes
  - Work in a “women’s profession” – not “manly”
  - Homosexual
  - Not smart enough to make it into medical school
  - Effeminate

- Men are subject to prejudice in:
  - Maternity
  - Labor & Delivery
  - Lactation Consultants
  - Touch/Assessments
  - May require a chaperone for some exams
  - Touch may be thought of as sexualized
  - Sexual Assault Nurse Examiners?
The Literature

- Healthcare
  - Limited studies regarding Sexual Assault (SA) patients and gender of HCP, 1975-2010
  - Early SANE articles provide experiential opinions of men in SANE role
  - Majority of studies from United Kingdom

- Law Enforcement
  - Limited studies regarding male versus female officers/detectives and HCP

Survivor Preference

Sexual Assault survivors prefer female providers

- Research studies
  - Temkin (1998)*
  - Lovett et al. (2004)
  - Regan et al. (2004)
  - Christofides N.J., et al. (2005)
  - Jamel (2010)*

- Experiential
  - Lewington (1988) †
  - Wright et al. (1999) †
  - Ledray (1993)
  - Ledray (1996) †

† Law enforcement/legal journal

2 Major Findings:
- Victims prefer female providers
- Style of examiner is more crucial than gender
Provider Style & Experience

Style & experience of providers proves crucial

- Research
  - Holmstrom & Burgess (1979)
  - Adler (1991)*
  - Kelly et al. (1998)*
  - Temkin (1998)*
  - Jordan (2002)*
  - Jamel (2010)*

- Experiential
  - DiNitto et al. (1986)
  - Hicks et al. (1988)
  - Curtis (1995)*
  - Liddell (2002)

* Law enforcement/legal journal

Perception of Male SANE’s

- Problem
  - With a shortage of Sexual Assault Nurse Examiners (SANE), why aren't men being recruited into SANE programs?

- Purpose of the Study
  - Evaluate female Sexual Assault Examiners (SANE) attitudes of men in the SANE role.
Perception of Male SANEs

- **Data Collection**
  - WellSpan Health System's Emig Research Center developed an online website
  - Participation was voluntary and anonymous
  - Distribution email through the International Association of Forensic Nurses (IAFN) (n=6,393)
  - SANE Survey website was open for 4 weeks for data collection (September - October 2010)
  - Volunteer respondents totaled 728 (11.4% response rate)

Quantitative Questions

- **Demographics**
  - Age
  - Gender
  - Years in Nursing
  - Years practicing as a SANE
  - Country of SANE practice
  - Number of male/female SANE on your team
  - Number of Sexual Assault (SA) performed
  - Chaperone use

Respondent Demographics

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (n)</td>
<td>724</td>
<td>4</td>
</tr>
<tr>
<td>Age</td>
<td>23-78</td>
<td>46-56</td>
</tr>
<tr>
<td></td>
<td>M=49</td>
<td>M=50</td>
</tr>
<tr>
<td>Years-nursing</td>
<td>1-54</td>
<td>17-33</td>
</tr>
<tr>
<td>experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years as SANE</td>
<td>&lt;1-32</td>
<td>&lt;1-9</td>
</tr>
<tr>
<td>#Cases</td>
<td>0-6,000</td>
<td>100-500</td>
</tr>
<tr>
<td>Country-USA</td>
<td>678</td>
<td>3</td>
</tr>
<tr>
<td>Country-Canada</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Country-Other</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

Same Level of Care - Quantitative Data

Do you feel males can provide the same level of care that female SANEs can provide?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>498</td>
<td>4</td>
<td>502</td>
</tr>
<tr>
<td>No</td>
<td>204</td>
<td>0</td>
<td>204</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>702</td>
<td>4</td>
<td>706</td>
</tr>
</tbody>
</table>
Welcome a male SANE

Would you welcome a male nurse on your SANE team if one applied?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>591</td>
<td>4</td>
<td>595   (84%)</td>
</tr>
<tr>
<td>No</td>
<td>113</td>
<td>0</td>
<td>113   (16%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>708</td>
</tr>
</tbody>
</table>

Mean Age of Respondent

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>47.4</td>
<td>50.4</td>
</tr>
</tbody>
</table>

Age was significant (p=0.004). Nurses <50 years old were more welcoming to men as SANEs.

Difference in forensic nursing care

Do you notice a difference in the forensic nursing care between male and female SANEs?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84</td>
<td>1</td>
<td>85    17.3%</td>
</tr>
<tr>
<td>No</td>
<td>402</td>
<td>3</td>
<td>405   82.7%</td>
</tr>
<tr>
<td>Total</td>
<td>486</td>
<td>4</td>
<td>490</td>
</tr>
</tbody>
</table>

Patients declining care based on gender

Have your services ever been declined based on your gender?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>712</td>
<td>4</td>
<td>716</td>
</tr>
<tr>
<td>Total</td>
<td>720</td>
<td>5</td>
<td>725</td>
</tr>
</tbody>
</table>
### Patients declining care based on gender

**Patients who declined by gender**

<table>
<thead>
<tr>
<th>SANE gender</th>
<th>Female</th>
<th>Male</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female N=8</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Male N=1</td>
<td>1</td>
<td>0</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Patients who declined by number:**

<table>
<thead>
<tr>
<th>SANE - gender</th>
<th>Total number of exams</th>
<th>Percent declined based on gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female N=5</td>
<td>2375</td>
<td>0.37%</td>
</tr>
<tr>
<td>Male N=1</td>
<td>500</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

*No significance!*

### Resistance/Challenges based on gender

When you initially began your career as a SANE, did you meet any resistance or challenges from administration or staff because of your gender?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1*</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>716</td>
<td>3</td>
<td>719</td>
</tr>
<tr>
<td>Total</td>
<td>717</td>
<td>4</td>
<td>721</td>
</tr>
</tbody>
</table>

*Significant due to 1:4 men met resistance/challenges based on his gender (low male sample size, n=4)*

### Patient Feedback

Have you ever received any feedback from a sexual assault patient because of your gender?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>71</td>
<td>3</td>
<td>74</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>648</td>
<td>649</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>651</td>
<td>723</td>
</tr>
</tbody>
</table>
Use of Chaperones

When you conduct your medical/forensic exam, do you have a chaperone of the same gender of the patient in the exam room?

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>221</td>
<td>4</td>
<td>225</td>
</tr>
<tr>
<td>No</td>
<td>497</td>
<td>0</td>
<td>497</td>
</tr>
<tr>
<td>Total</td>
<td>718</td>
<td>4</td>
<td>722</td>
</tr>
</tbody>
</table>

100% of the males use chaperones (p=0.009)

Qualitative Questions

• Elaborate on differences between male/female SANEs care
• Elaborate on why you would not welcome a male SANE on your team
• Elaborate on the initial challenges/resistance you faced, based on your gender, when you initially became a SANE

Qualitative Questions

• Elaborate on the feedback your patients gave you related to your gender
• Do you have any gender-related comments about being a Sexual Assault Nurse Examiner?

Major Themes:

Needs of our patients
Care of SA patients by males
Major & Sub Themes

• Needs of our patients
  – Comfort
  – Preference
  – Relief (SANE was female)
  – Re-victimization
  – Difficult for female victims to be cared for by males

• Care of SA patients by males
  – Professionalism
  – Level of care is equal between males & females
  – Gender is not an issue
  – Institutions against males on SANE teams
  – Male Advocates generally positively accepted

Needs of our Patients

• “If a female is victimized by a male, having another male examiner her . . . may cause further trauma during a time when the victim is quite vulnerable. I believe that the patient should be encouraged to voice their preference.” (preference)

• “Females and males as victims of sexual assault are more comfortable with a female performing the forensic medical exam, period.” (comfort)

• “Studies have shown females to be more comfortable around a female nurse in this situation.” (comfort)
Needs of our Patients

- "My last patient told me, 'I'm so glad you are a female. I don't know what I would have done.'" (relief)
- "If a female is victimized by a male, having another male examiner her . . . may cause further trauma during a time when the victim is quite vulnerable." (re-victimization)
- "I think a male doing this exam, no matter how professional, would be very difficult, maybe even terrifying, for a female patient who was recently assaulted." (difficult)

Care of SA patients by males

Care by Males

- "Professionalism, empathy, honesty, competence, (and on-and-on) are the skills needed to be a SANE. Gender is not a skill." (professionalism)
- "I have no doubt that a male SANE can provide same level of care as a female." (level of care)
- "Gender does not play a big part to me. Not all female nurses make good SANEs. It takes a certain type of individual ( . . . male or female) to be able to care for forensic patients. What is important is a SANE's professionalism, skill set, and the ability to establish a therapeutic rapport with the patient.” (gender)

Care by Males

- I have worked with male Advocates from Rape Crisis Center and they do a great job." (advocates)
- "I have local community partners who have already made it clear that they would not be supportive to a male having any nursing role with a victim of sexual violence, yet a male doctor is okay." (institutions)
Comments about men in the SANE role

- “Do not make this a gender issue. Females and males as victims of sexual assault are more comfortable with a female performing the forensic medical exam, period.”
- “I feel it is an inappropriate setting for a male nurse to practice.”
- “A SANE must take in consideration a survivor’s emotional-psychological well being when administrating care, and that supersedes equal opportunity in the SANE field of employment.”

Comments for male SANEs

- “I fully support the male SANE. Although, most offenders are male, sexual assault is not a gender issue, it is a power issue. Male nurses can and do deliver high quality patient centered care everyday. We lack vision in a mostly predominant female centered profession by excluding this valuable member of our health care team.”
- “I think it is very therapeutic for a female sexual assault patient to have a positive professional experience with a male provider after being assaulted. That positive experience is likely the first step in learning to trust males again and can help prevent future and possibly lifelong avoidance of male providers.”

Against male SANEs

- “I fully support the male SANE. Although, most offenders are male, sexual assault is not a gender issue, it is a power issue. Male nurses can and do deliver high quality patient centered care everyday. We lack vision in a mostly predominant female centered profession by excluding this valuable member of our health care team.”
- “I think it is very therapeutic for a female sexual assault patient to have a positive professional experience with a male provider after being assaulted. That positive experience is likely the first step in learning to trust males again and can help prevent future and possibly lifelong avoidance of male providers.”

Conclusions

- The majority of respondents (84%) would welcome a male nurse as a SANE.
- Female SANEs feel patient preference & comfort are the strongest barrier for male providers.
- Institutions may preclude male nurses from practicing in this specialty.
- Female patients can have a positive experience with a male caregiver.
- A U.S. based study in patient satisfaction needs to be undertaken.
Final thought on preference...

Males nurses in this study

4

Combined total of SA exams

812

Number of patients that declined them because they were males

1

Questions?

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References


References


