

THE IAFN FOUNDATION

The International Association of Forensic Nurses (IAFN) Foundation is a nonprofit organization that advances access to trauma-informed care from highly-specialized nurses in the aftermath of violence. Violence is pervasive globally and has a lasting, devastating impact on individuals and communities. Victims of violence and abuse require care from a healthcare professional who is trained to treat the trauma associated with the violence they have experienced — be it sexual assault, intimate partner violence, child abuse or neglect, human trafficking or other forms of intentional injury. We work with nurses and communities to ensure that every survivor of violence around the world has access to a forensic nurse with the skills, resources and training to provide the highest quality care. In doing so, we aim to reduce the short- and long-term impacts of violence.

Forensic nurses holistically address the acute and long-term health consequences of violence, while strengthening the criminal justice response. Forensic nurses meet the critical healthcare needs of victims of violence through a patient-centered, trauma-informed approach. They treat and connect survivors to additional resources to improve their health outcomes, resulting in reduced healthcare and economic costs of violence. Forensic nurses are also a critical resource for anti-violence efforts. They collect evidence and give testimony that can be used in a court of law to prosecute perpetrators who commit violent and abusive acts. Our efforts support increased community safety through evidence collection and, ultimately, increased prosecution rates. The most commonly known and well-researched sub-specialty of forensic nursing is sexual assault nurse examiners, or SANEs.

THE PROBLEM

Forensic nurses are not widely available in healthcare settings around the world. The International Association of Forensic Nurses, the membership association that established the Foundation, has members from 34 countries. However, **the remaining 161 countries in the world are not represented.** Millions of people who seek healthcare following violence receive care that replicates outdated and harmful practices. When survivors without access to a forensic nurse receive healthcare, they often describe it as revictimizing. Many more still go without access to any form of healthcare.

In the United States, **only about 25%** of hospitals have forensic nursing programs with specially trained SANEs to provide comprehensive care to individuals who have experienced sexual abuse or assault. Sexual assault medical forensic examinations (SAMFE) conducted by SANEs are a critical part of any multidisciplinary response to sexual violence, and the gold standard for individuals seeking care. Yet many areas still do not have access to this care.

TELEHEALTH BRIDGES THE GAP

Telehealth technology has become a common tool for delivering health-related services in remote locations, providing cost-effective consultations with specialists, improving quality, and providing patients with a higher level of care.

Research on this efficacy of forensic nursing telehealth has been conducted related to the SANE subspecialty of forensic nursing. Given the shortage of SANEs, the use of telehealth to link SANEs to providers in areas with limited resources has shown promise for improving the quality of care, patient satisfaction, and confidence of the providers ([Miyamoto, et al. 2021](#); [Walsh, et al., 2019](#)).

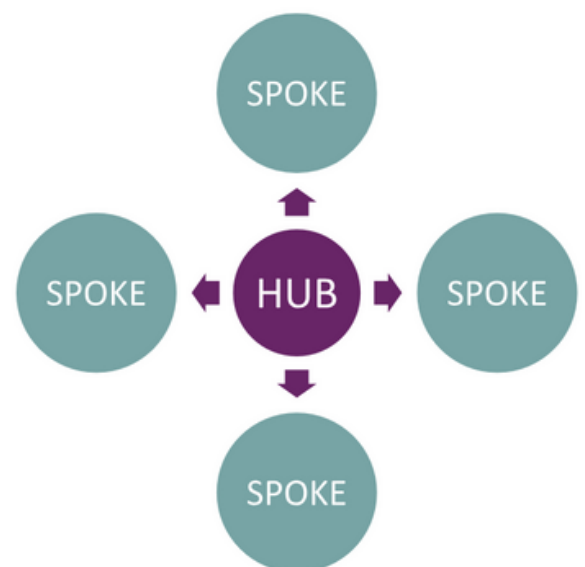
Telehealth also holds promise for improving pediatric sexual abuse care in areas with limited access to providers with expertise in these services ([MacLeod et al., 2009](#); [Miyamoto et al., 2014](#)).

A Hub and Spoke Model

Through the use of a two-way synchronous video connection, the experienced forensic nurse functions in the role of hub clinician, communicating with the spoke clinician who is at another exam site where the patient has presented for care after experiencing violence.

The spoke clinician may have little or no experience with providing care to a patient who has experienced violence, or they may be a professionally trained forensic nurse. The hub clinician guides the patient's care and offers support to both the spoke clinician and the patient.

The hub and spoke clinicians are both active participants in the delivery of patient care during the medical forensic exam requiring documentation that reflects their collective involvement.



VISION: EXPANDING ACCESS TO CARE THROUGH TELEHEALTH

The IAFN Foundation's FNTC initially will offer hub services with three pilot sites focused on the provider-to-provider TeleSANE services to sexual assault patients, specifically.

After a 1.5-year infrastructure development phase, during which policy and procedure development, recruitment and training occur, hub clinicians will be available 24 hours a day to the selected spoke sites. Hub site clinicians will work with spoke sites to assist with medical forensic examinations (MFEs), documentation, quality-assurance chart reviews, preparing spoke clinicians for testimony and providing testimony themselves, as necessary.

Evaluation of the program will occur at the patient, spoke and hub clinician levels. Following the evaluation of the pilot sites, a broader rollout strategy to additional spoke sites reflective of the evaluation outcomes will be developed to facilitate a phased expansion of the FNTC. This expansion may include an exploration of expanding the patient populations served.

As a part of these activities, IAFN will explore opportunities to ensure that patients receiving care through the program have access to a victim advocate. During the initial needs assessments with the selected spoke sites, IAFN will determine whether in-person victim advocate support is available in spoke sites. Where there is a gap in in-person advocacy services, IAFN will work with the spoke site to develop recommendations and a timeline to integrate remote-based victim advocate services and support.

LOOKING TO THE FUTURE

Ultimately, the goal is to expand the FNTC the future to meet the needs of survivors who live outside of the US and who do not have access to either forensic nursing or forensic nursing telehealth services. Presently, forensic nursing telehealth services are offered on a limited basis to some US citizens living abroad. However, forensic nursing telehealth services are not widely available for US citizens who reside outside of the United States. Further, forensic nursing telehealth services are not available at all in most countries around the world. The FNTC is poised to dramatically expand access to these critical services globally, which will have untold positive impacts on survivors and communities.