

Community Development Guide for Colorado SANE/Forensic Nurse Examiner Programs

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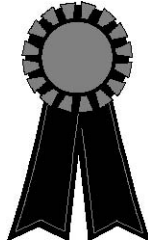
A RESOURCE GUIDE FOR COLORADO COMMUNITIES INTERESTED IN ESTABLISHING A SEXUAL ASSAULT NURSE EXAMINER /FORENSIC NURSE EXAMINER PROGRAM

This guide is intended for use by professionals in healthcare, sexual assault support and advocacy, law and law enforcement, and others involved in providing services for sexual assault victims.

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**Beth-El College of Nursing & Health Sciences Faculty & Staff
Colorado SANE Advisory Board**



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Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the University of Colorado ay Colorado Springs

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INTRODUCTION

The Beth-El College of Nursing was founded in 1904 as an independent nursing school. Beth-El College of Nursing & Health Sciences is now one of six colleges comprising the University of Colorado at Colorado Springs. Both Beth-El College and UCCS are dedicated to excellence in teaching; outstanding scholarship and research; and strong commitment to service in the community. Beth-El College facilitates collaboration for the promotion of a healthy community where the sacredness of the person is honored, where diversity is aggressively pursued, where the well-being of each member is sensitively supported, and where service to others is encouraged. This collaboration and promotion of a healthy community is the foundation for the Violence Intervention & Prevention (VIP) Center of the Beth-El College of Nursing & Health Sciences. The directors of the VIP Center are committed to providing interventions for victims of violence. The VIP Center 'houses' the position of the State SANE Coordinator and continues to foster an environment for education, improved clinical practice, and evaluation. The Colorado SANE Advisory Board, providing consultation for the SANE program and the State SANE Coordinator, includes representatives from Colorado Bureau of Investigation, Colorado Department of Public Health & Environment, Colorado Coalition Against Sexual Assault, University of Colorado-Denver Health Science Center, law enforcement, victim advocates and SANE programs. SANE Advisory Board members are committed to the successful expansion of a medical/forensic response to underserved victims of sexual and domestic violence in Colorado.

Sexual Assault Nurse Examiners (SANEs) or Forensic Nurse Examiners are expert forensic clinicians trained to provide comprehensive and sensitive sexual assault examinations. SANEs work collaboratively with law enforcement agencies, prosecutors, victim advocates and medical personnel. As a professional registered nurse who has received specialized forensic education, a SANE demonstrates clinical competence in the collection of forensic evidence from both adult and child survivors, as well as suspects, and has the ability to provide expert witness testimony in a court of law.

The purposes for the development of SANE programs throughout the state are:

- To reduce the physical and psychological trauma of sexual assault victims through sensitive and timely forensic examinations
- To provide cost effective methods for evidence collection
- To have a beneficial impact on the judicial process by effective collection of forensic evidence and expert testimony

Sexual Assault Nurse Examiner programs in Colorado are selected through an application process. The application is reviewed and approved by the multidisciplinary Colorado SANE Advisory Board. Designated programs then receive the standardized Colorado based SANE education and training, continued forensic education and technical assistance. The purpose of this manual is to provide communities with an effective and usable blueprint of the appropriate process for the development of a Colorado SANE program, as well as an overall description of how a Sexual Assault Nurse Examiner program functions collaboratively within a community. This manual provides guidelines:

- For the development of a Colorado SANE program
- For community collaboration and development
- For the identification of specific community needs
- For the SANE Site Selection application process
- For SANE training and education

Throughout this manual, the terms sexual assault and rape will be used interchangeably, and can be defined as any act of sexual contact, penetration, or intrusion performed by an actor upon a victim without consent or without the ability to give consent due to age or mental or physical incapacity. Under Colorado statutes, this unlawful sexual contact includes forced vaginal, oral, or anal intercourse, digital penetration, and intrusion with an object, as well as the use of threats or coercion. Although it is important to acknowledge that sexual assault happens to women as well as men, it is significant that most victims of sexual assault are female. As such, this manual will refer to victims as female, i.e. she or her. In addition, the terms victim and survivor are often used interchangeably and will be throughout this text, but it is important to recognize that most victims receiving acute medical care may not have moved into a recovery phase. The term “victim” is most often associated with the immediate trauma following an assault, and implies that a crime has been committed against an individual. The term “survivor” is descriptive of those who have been subjected to sexual violence, but have moved out of the immediate trauma and into a perspective that allows life to progress without the same disruption caused by the assault. (CALCASA 2001:47). This manual will first review the literature related to SANE programs and research, and then move into the phases of community development for the state of Colorado.

LITERATURE REVIEW

Although sexual assault has existed throughout the history of human societies and the issues of interpersonal violence present a number of complex concerns for communities, an organized response to rape in the United States has occurred within the last thirty years. The determined effort to understand and change the societal perceptions of and responses to sexual assault really did not begin in the United States until the 1970's. Susan Brownmiller's book, *Against Our Will: Men, Women, and Rape* (1975), was one of the first substantial pieces of literature to emerge that detailed the evolution of rape through such traditional institutions as law, slavery and war. Since that time and as the rape crisis movement has progressed, rape crisis advocates, counselors and medical professionals have been leading the research to determine the best community response to support sexual assault victims (Lang 1999). The following review of SANE related literature will highlight the statistical level of reported sexual assaults nationally and locally in Colorado, and then will further describe the history and benefits of Sexual Assault Nurse Examiner programs.

NATIONAL STATISTICS

Current research in the United States indicates:

- ✓ 1 in 6 U.S. women have experienced an attempted or completed rape as a child and/or an adult. (Tjaden & Thoennes 1998)
- ✓ 1 in 33 U.S. men have experienced an attempted or completed rape as a child and/or an adult. (Tjaden & Thoennes 1998)
- ✓ 84% of all sexual assaults are committed by an acquaintance of the victim. (Kilpatrick, Edmunds, & Seymour 1992)

The United States has the world's highest rape rate of the countries that publish such statistics

- 4 times higher than Germany
- 13 times higher than England
- 20 times higher than Japan (Kilpatrick, Edmunds, & Seymour 1992)

Estimates of the number of women who are actually raped range from an *additional* 4 to 9 victims for every 1 woman who reports. (Ledray 1999: 3)

LOCAL STATISTICS

Current research in Colorado indicates:

- 24% (1 in 4) women have experienced a completed or attempted sexual assault in their lifetime. (CDPHE/CCASA 1998)
- 6% (1 in 17) men have experienced a completed or attempted sexual assault in their lifetime. (CDPHE/CCASA 1998)

1,794 rapes were reported to Colorado law enforcement in 1997. If compared to the 1998 Statewide Survey, these reports constitute only 16% of actual sexual assaults. (CDPHE/CCASA 1998)

History of SANE

When victims of sexual assault seek community support, they are most frequently referred to emergency departments of hospitals for medical attention. It is understandable and logical, then, that medical professionals, primarily nurses, and rape crisis advocates initially recognized the need for Sexual Assault Nurse Examiner programs. Those in the forefront of the creation of SANE programs conceded that standards of care for sexual assault victims were customarily lower than standards for other emergency department patients (Ledray 1999). In a bulletin from the Office for Victims of Crime, Kristin Littel (2001) writes:

Those who work with sexual assault victims have long recognized that victims are often retraumatized when they come to hospital emergency departments for medical care and forensic evidence collection. Not only have victims had to wait for a long time to be examined, but those who perform the exams often lack training and experience in working with sexual assault victims and in gathering forensic evidence. (Littel 2001: 2)

Emergency departments without SANE programs have historically regarded sexual assault victims as less urgent than other patients with severe injuries. Less than one third of victims of sexual assault have physical injuries and less than 1% of victims require hospitalization (Ahrens et al. 2000; Ledray 1992; Lenehan 1991; Marchbaks, Lui, & Mercy 1990; Voelker, 1996). Many victims have been left waiting in a busy, public area from 4 to 12 hours, and are asked not to eat, drink, or urinate while waiting for the forensic examination, to avoid destroying potential evidence. As noted above, most physicians and nurses in emergency departments have not been trained properly in forensic evidence collection. Because of this lack of training, many emergency department physicians and nurses previously have not gathered or documented all the available evidence, and have not formed a clear understanding of the dynamics of sexual assault victimization. Additionally, many have been reluctant to collect forensic evidence, as there is then the likelihood of being called to testify in court. (Ahrens et al. 2000; DiNitto et al. 1986; Hatmaker 1997; Ledray 1992a; Lenehan 1991; Littel 2000)

The forensic examination itself has often been a source of fear for victims and can be re-victimizing when improperly handled. The collection of forensic evidence involves a pelvic exam utilizing a speculum on women, an anal exam, collection of hair, blood, and saliva, swabs of the victim's body and orifices, and photographs of injuries (Ahrens et al. 2000; Burgess & Holstrom 1988; Girardin 2001; Ledray 1995; Ledray 1999). Additionally, the forensic exam takes a minimum of two to three hours to provide comprehensive and competent care to a rape victim, which is more time than is spent on most multiple-trauma cases within the emergency department (Lenehan 1991). Many victims have experienced a very time-consuming exam, with multiple examiners, some with little preparation and training (Ahrens et al. 2000). If the forensic exam is, "not properly explained and victims are not emotionally ready, this experience can be retraumatizing," (Ahrens et al. 2000:923).

In 1992 the National Victim Center and the Crime Victims Research and Treatment Center researched the level of rape in the United States and developed the first national empirical data about forcible rape of women. *Rape in America: A Report to the Nation* revealed that only 17% of all rape cases had a medical examination and concluded that, "it is imperative that rape

be classified as a major public health issue in the United States...[as the] traumatic consequences of rape – ranging from severe mental health problems, to substance abuse problems...affect the long term physical, mental and emotional health of millions of American women” (Kilpatrick, Edmunds, & Seymour 1992:13). Although most rape victims are women, it is also important to acknowledge that rape happens to men and children, as well as women. *The Report to the Nation* further recommended that:

America’s medical community must receive comprehensive training about the appropriate treatment of rape victims...become knowledgeable about evidence collection in rape cases...[and] medical professionals should adopt standard procedures to provide rape victims with information about proper medical care, including: pregnancy testing; HIV/AIDS testing and risk reduction methods; exposure to sexually transmitted diseases; and referrals to mental health professionals with expertise in the treatment of rape victims (Kilpatrick, Edmunds, & Seymour 1992:14).

It is fairly clear that compassionate and effective medical services for sexual assault victims have been and continue to be greatly needed. In response to these inadequacies in standards of care for sexual assault victims, the first SANE programs were established in Memphis, TN in 1976, in Minneapolis, MN in 1977, and Amarillo, TX in 1979 (Ahrens 2000; Ledray 1999; Ledray & Arndt 1994; Ledray & Simmelink 1997; Littel 2001). Sexual Assault Nurse Examiner programs have become an effective medical-legal response, in which a registered nurse, who has been specially educated and trained to provide comprehensive care to sexual assault survivors, conducts a competent forensic examination that includes a detailed physical exam and the collection of forensic evidence. The first SANE programs were started in the mid-1970’s (Ahrens 2000; Ledray 1999; Ledray & Arndt 1994; Ledray & Simmelink 1997; Little 2001), and since the 1990’s, SANE programs have been developed in hundred’s of communities across the nation (Littel 2001). SANE programs have been operating in Colorado since 1995. Current programs operating in Colorado are:

- Denver Health Medical Center, (Denver, CO)
- Heart of the Rockies Regional Medical Center, Salida & Chaffee County SANE, (Salida, CO)
- Latimer House & Western Slope Center for Children-Mesa County
- SANE, (Grand Junction, CO)
- Memorial Health System SANE/Forensic Nurse Examiner Program, (Colorado Springs, CO)
- Mercy Medical Center, Durango SANE, (Durango, CO)
- Montrose Memorial Hospital, Montrose SANE, (Montrose, CO)
- Parkview Hospital, Pueblo, (Pueblo, CO)
- Poudre Valley Hospital SANE, (Fort Collins, CO)
- San Luis Valley Regional Medical Center, (Alamosa, CO)
- St. Anthony North & Central Hospitals, (Westminster, CO)
- The Medical Center of Aurora, (Aurora, CO)

- Valley View Hospital, Glenwood Springs SANE, (Glenwood Springs, CO)

Description & Benefits of SANE

A Sexual Assault Nurse Examiner is a registered nurse who has been specially educated and trained to provide comprehensive care to adult and child sexual assault survivors and suspects, who demonstrates competency in conducting a forensic exam from victims as well as suspects and has the ability to provide expert witness testimony in a court of law (CCASA/CBI 2000). Although SANE programs may operate somewhat differently depending on community specific factors (Littel 2001), the majority of SANE programs are located in a hospital setting, and work with a group of trained sexual assault nurse examiners who maintain continuous coverage, twenty-four hours, seven days per week, on an ‘on-call’ basis (Ahrens et al. 2000; Ledray 1999; Littel 2001). It is significant that most of these programs are still emergency department based but are also, “qualitatively different from the more traditional model of treatment for sexual assault survivors,” (Ahrens et al. 2000:924).

Many SANE programs have a separate examination room within the emergency department where the victim is ensured privacy, support, and comfort. This location within the emergency department provides access to emergency medical care. Once a victim is at the emergency department (with law enforcement, or on her own), the SANE on call is paged and responds within a set time (usually 30-60 minutes). Prior to the arrival of the SANE, the victim is screened by the triage nurse. At the same time, a victim advocate and a police officer, unless law enforcement is already present, will be called. (Ledray 1999). After the legal interview is completed, the Sexual Assault Nurse Examiner performs the forensic evidence examination, and the victim’s advocate may or may not be in the exam room. While it is imperative to limit the number of people in the room during the exam, as anyone present can be called into court as a witness, victims of sexual assault maintain the right to choose to have an advocate available for support (Ledray 1999). The forensic exam consists of:

- A medical-forensic history to determine diagnosis and treatment;
- A head to toe assessment for injury and trauma;
- A detailed genital exam to assess for injury and trauma; and
- The collection of forensic evidence (CCASA/CBI 2000)

The protocol for forensic evidence collection published by the Colorado Bureau of Investigation (CBI) has been created to “make the examination and collection of evidence...as thorough, timely and humane as possible” (CCASA/CBI 2000:6). Although the victim of sexual assault will, “literally be gone over with a fine tooth comb, have his or her hair plucked, fingernails scraped, and every involved orifice swabbed and examined,” (CCASA/CBI 2000:6) the trace bits of evidence collected can make a significant difference in whether a case is successfully prosecuted. The sensitive and holistic treatment of the victim during the exam can also make a significant difference in how she stays involved with the criminal justice system, as well as affect her ability to begin the healing process (CCASA/CBI 2000). The benefits of SANE programs are multitudinous. For the victims of rape, “the care received by medical and legal first-responders is critical to their eventual outcome,” (Hutson 2002:79). While all of the benefits below are valuable for victims of sexual assault as it improves the quality of care and the

community response, **SANE programs benefit victims of sexual assault in these specific ways:**

- The wait in the emergency department for evidence collection and treatment is minimized as a SANE will typically respond within 1 hour (Lang 1999; Ledray 1999).
- The SANE or forensic nurse has received specialized training and education and is prepared to meet the biological/psychological/social needs of victims of crime (Lynch 1995).
- The victim is provided a supportive environment in which she has the undivided attention of the SANE (Ahrens et al 2000; Littel 2001).
- SANE programs allow the victim to have more control over the pace of the exam and treatment (Lang 1999).
- The coordinated efforts of the SANE program offer the victim resources within the community for follow-up care, including emotional, legal, and medical referrals (Ahrens et al 2000; Ledray 1992a, 1992b).

SANE programs benefit the health care system in the following ways:

- SANE programs provide emergency departments with the availability of specialized nurses giving emergency department physicians and nurses the flexibility to focus on potentially life-threatening, severe injuries in other patients (Ahrens et al. 2000).
- Emergency physicians without proper training do not have to worry about the time and effort of providing testimony in court (Ahrens et al. 2000).
- SANE programs reduce the associated nursing costs to evidentiary exams because rape exams conducted by SANEs have been found to cost less than the amount typically associated with physician-conducted exams (Ahrens et al. 2000).
- Most hospitals already assume or absorb the direct and indirect costs of providing care for sexual assault victims, including physician and nursing time, supplies, and staff training (Ledray 1999). SANE programs allow hospitals to streamline these costs into an effective and efficient program.
- By “housing” a SANE program, hospitals can follow through with education and community outreach objectives, and can offer a valuable community service (Ledray 1999).

SANE programs benefit the Criminal Justice System in the following ways:

- There is an increase in victim reporting rates (Littel 2001).
- Consistent, quality evidence collection, provided by the SANEs, have led to an increase in prosecution rates of perpetrators (Ahrens et al. 2000; CCASA/CBI 2000; Lenahan 1991).
- SANE programs afford the legal system solid, credible, and neutral courtroom testimony (Ahrens et al. 2000; Lenahan 1991).

Sexual Assault Nurse Examiner programs have become an extremely effective response to the prevalence of sexual assault, offering benefits for the victims, the health care

system, the criminal justice system, and rape crisis advocates. SANEs have been integral in creating a valuable forensic medical response that is knowledgeable and understanding of the issues of sexual assault. The development of Sexual Assault Nurse Examiner programs in Colorado is a valuable and important piece of responding to sexual assault survivors.

TIMELINE & CHECKLIST

Phase 1/Community Development: Months 1-3

- Organize the SANE Community Advisory Board
- Contact Beth-El College of Nursing & Health Sciences
- Gather community statistics on sexual assault
- Identify community needs
- Develop SANE Program Guiding Principles

Phase 2/SANE Site Development: Months 3-6

- Determine community demographics & benefits of SANE
- Determine site location & establish site components
- Establish program funding & budget structure
- Establish services for both adults & children
- Set up protocol for recruiting & hiring SANEs
- Set up protocol for recruiting & hiring the SANE Coordinator
- Set up protocol for recruiting & hiring the Physician Advisor
- Plan for community collaboration
- Arrange for the completion of clinical experience
- Clarify program administration

Phase 3/SANE Education: Months 6-9

- Complete and submit the SANE Site Selection Application to Beth-El College of Nursing & Health Sciences
- Schedule SANE education for your community
- Recruit & hire personnel
- Finalize plans for the SANE education

Phase 4/SANE Program Success: Ongoing

- Identify potential evaluation tools
- Prepare for SANE continuing education
- Provide maintenance of the SANE Program

PHASE 1 – Community Development

Organize the Community Advisory Board

One of the keys to developing a successful SANE program in any community is to enlist and establish the support of and commitment to the SANE program from specific individuals and organizations. Many communities consider this a Sexual Assault Response Team or Sexual Assault Resource Team (SART), and “the guiding principle behind SARTs is joining medicine, law enforcement, criminal justice and victim advocacy in a coordinated effort to ensure that rape survivors receive comprehensive medical attention, evidentiary examinations, emotional support, and referral information” (Voelker 1996:973). One study on the development of SANE programs in Michigan illustrated several common themes in creating successful SANE programs. Although this study was specific for SANE programs initiated by rape-crisis centers, the common themes carry a strong community, multidisciplinary approach as crucial to success. Specifically the development included:

- (a) Organizational identity as a sexual assault service provider
- (b) The use of sexual assault councils and task forces
- (c) Affiliation with larger community organizations
- (d) The development of positive relationships with local hospitals
- (e) Training and collaboration with community systems
- (f) Strategies for resolving differences among these different community groups (Ahrens et al 2000; Lang 1999)

A formal, cohesive Sexual Assault Response Team (SART) or a SANE Community Advisory Board is essential to developing and sustaining a successful SANE program. The creation of a formal SANE Community Advisory Board is recommended in the state of Colorado.

The SANE Community Advisory Board will assist in all phases of the development process, including the:

- Determination of community feasibility
- Arrangement of all SANE Site Selection application components
- Establishment of policy and protocol
- Delegation of responsibilities
- Arrangement of budget, grant and fundraising opportunities
- Representation of the SANE program to the larger community
- Direction of the program's ongoing development

Organizing the SANE Community Advisory Board is the first step, as collaboration among community members will determine the nature and the scope of the program. Successful SANE programs do not operate in isolation, but rather, they work closely with other members of the community sexual assault system in order to meet the numerous needs of victims (Littel 2001). Coordination with multiple community organizations helps victims receive comprehensive services in one setting (Ahrens 2000; Littel 2001; Thomas & Zachritz 1993; Voelker 1996). The SANE Community Advisory Board will be the essential driving force behind

the SANE Program, and needs to be a cohesive, organized group. Members of the Board will need to understand the length of the initial commitment, the lack of compensation (typically an unpaid, voluntary position), and the requirement to sign a Memorandum of Understanding, which outlines specific responsibilities (*see appendix*). The following are suggestions for organizing and operating a SANE Community Advisory Board.

Members of the SANE/SART Community Advisory Board

Organize a SANE/SART Community Advisory Board comprised of these persons from the community:

- Law Enforcement Representatives from each jurisdiction (i.e. Chief of Police, Investigator of Sex Crimes, Child Protective Services Detective)
- District/County Attorney (or other from their office)
- Sexual Assault Advocacy Program Director/Coordinator
- Trained Sexual Assault Nurse Examiner in the community or Emergency Department Nurse(s) with interest in forensic healthcare
- Medical Director of Emergency Department
- Chief Executive Officer of the Hospital
- Vice President of Hospital Patient Services
- Nurse Manager/Director of Emergency Department
- Physician interested or willing to serve as Physician Advisor to SANE
- Child Protective Services/Social Services Director
- Judge/ if possible
- Public Health Department, Medical or Nursing Director
 - Director of any agency involved in providing services to sexual assault victims
 - (Children's Advocacy Center, Domestic Violence Shelter)

It is important that as many of these people as possible (at least 50%) are policy/decision makers within an agency. In order to retain these individuals as members of the SANE Community

Advisory Board, it is necessary to be clear as to the purposes of creating a SANE program in the community. Initial contact with potential members can be made via the phone or in person to explain the SANE model, followed with a letter and informational articles and pamphlets (*see appendix*). Specific points to encourage membership participation are:

- Describe the role of the SANE in the community
- Explain the multidisciplinary approach: SANE programs require collaboration among healthcare providers, advocates, law enforcement, and judicial personnel to ensure quality services for victims
- Describe the history of SANE programs, and give specific Colorado information.
- List national and local statistics
- Describe the benefits that a SANE program will provide the community.
- Describe the benefits to specific organizations (i.e. law enforcement, prosecution, hospitals)

- Describe additional statements that can be used to “sell” the initial idea of creating a SANE
- Program to various community members, not just Advisory Board Members

Contact Beth-El College of Nursing & Health Sciences & Colorado SANE Advisory Board

Once members of the Community Advisory Board have agreed to participate, schedule a meeting with the SANE representatives from Beth-El, the Colorado SANE Advisory Board and all the members of the local SANE/SART Board. As part of the development of SANE programs throughout Colorado, Beth-El and the Colorado SANE Advisory Board can assist communities during these initial meetings by providing representatives to present, help facilitate, and create agendas for the organizational meetings of the Community Advisory Board. The first meeting should include a presentation that covers general Sexual Assault Nurse Examiner information, and SANE site requirements, practice and operational standards. Before this first meeting, each member should be prepared to discuss their organizations, their individual roles with the Community SANE/SART Advisory Board, and their expectations. Members who represent the hospital management, emergency department, nursing staff, victims advocacy/rape crisis, district attorney’s office, and law enforcement need to be present for this first meeting. The main tasks of the first meeting will be to explore the Community Needs Assessment Surveys (*see appendix*) and to determine which members will collect the needs assessment data, along with the specific community needs that are important to address. This is the best time to solicit questions, concerns, and ideas from the individuals and agencies that will be involved in developing the SANE program.

The second meeting of the Board should include detailed identification of community needs, as well as the creation of SANE Program guiding principles (*see the following sections*). Representatives from Beth-El or the SANE Advisory Board can be available to facilitate and assist during these follow-up meetings, and the Statewide SANE Coordinator should be contacted for a final development meeting before furnishing the SANE Site Selection Application. The Board will need to determine how often to meet during the application process, and will also need to delegate specific responsibilities regarding the application. Remember that the formation of a successful SANE program requires collaboration. The completion of the SANE Site Selection Application should be a collaborative process among all members of the SANE/SART Community Advisory Board (*please refer to the sections on the Application*).

Gather Community Statistics on Sexual Assault

In order to adequately design a SANE program with attention to community specifics, it is important to know how sexual violence is currently affecting the community and how services are currently provided for sexual assault victims. Using the Community Needs Assessment questionnaires provided in this manual (*see appendix*), attempt to gather the following data about the preceding year(s) from the appropriate agencies:

- Number of victims of sexual assault treated by medical personnel, whether or not a sexual assault forensic evidence collection kit was used (breakdown by ages/sex).

- Number of sexual assault examinations when a health care provider used a sexual assault forensic evidence collection kit (breakdown by ages/sex).
- Which health care specialist is currently doing the sexual assault exams (i.e. Ob/Gyn MD, Emergency MD or Emergency Nurse, Pediatrician, Family Practice MD, Residents, Nurse Practitioners).
- Number of sexual assault exams reported to law enforcement (breakdown by ages/sex).
- Number of sexual assault cases with enough evidence to proceed with the court process.
- Outcomes of cases that were tried in the judicial system
- Number of times in the past year(s) that a physician has been subpoenaed to testify on sexual assault cases (pediatric and adult).
- Number of sexual assault victims assisted by the local advocate agency (breakdown by ages/sex).

These statistics will help the Community Advisory SANE/SART Board to better understand the problem of sexual assault in the community and be motivated to action. Remember that sexual assault is one of the most underreported crimes in the nation and in Colorado. **Low numbers do not necessarily mean that sexual assaults are absent from your community.** A great number of victims do not report for a myriad of reasons. Knowledge of community response and availability of resources can prompt victims to feel safer in reporting this crime to law enforcement and/or to seek medical and advocacy services. Please refer to the questionnaires in the appendix for more information on how to gather this data.

Identify Community Needs

Using the data gathered as a guide, identify victim services that could be developed, enhanced or changed. This may include developing entirely new services and resources for sexual assault victims in your community. For instance, would victims benefit from an exam room separate from the Emergency Department for the sexual assault exams? How could a team of police officers and social workers working together on crimes against children benefit the children in your community? Would having a SANE Program in your community make a difference in services provided to victims? (Lang 1999) For example, assessment surveys could reveal that:

- A relatively high number of reported sexual assaults are reported in a community
- The local rape crisis team provides victim advocates to accompany victims to the hospital
- 25% of the victims are Spanish speaking only, or have limited English skills
- The rape crisis team does not have bilingual advocates
- Most of the sexual assault exams are split between two local hospitals with emergency physicians and nurses examining victims
- Prosecutors have had difficulty successfully prosecuting suspects due to a lack of evidence or mishandled sexual assault kits

In this hypothetical situation, a SANE team with the ability to respond to both local hospitals or provide services for both hospitals in one location, along with the ability to establish a good working rapport with law enforcement and prosecution would be one way to develop a new program based on the assessment of community needs. A new SANE program would be able to clarify and follow the proper protocols for evidence collection and maintenance of the chain of evidence. The SANE team would need to ensure a bilingual capability, or work with the rape crisis team to establish bilingual services. This is a simplified example of how a SANE program could be developed with specific community needs in the forefront of the process.

The needs of each community are different. These needs may change with time and/or through increased public awareness. The program developed to assist sexual assault victims will need to be unique and specific to the community needs and will require maintenance and support. (Kansas Sexual Assault Network 2000; Lang 1999)

Develop SANE Program Guiding Principles

The guiding principles behind any community endeavor are concrete ideas that create a foundation for whatever it is that community is trying to achieve. By creating a Values Statement, a Mission Statement, and clear Program Goals, the SANE Community Advisory Board will be able to establish specific directions and objectives for the SANE program. These guiding principles should be designed for internal use, with community needs in mind. Again, representatives from Beth-El should be included in this process to utilize their expertise in SANE program development and community facilitation.

A Values Statement will help the community clearly define the purpose and fundamental beliefs that will support and help develop the SANE program. Begin by asking, “What are the values that will go into creating the SANE program?” The values that are established can include standards of care, beliefs about the ethical treatment of victims of sexual assault, and ideas about victim’s rights. Some examples of SANE beliefs and values include:

All victims of sexual assault have the right to immediate, compassionate, and comprehensive medical evaluation & treatment.

All victims of sexual assault have the right to complete information and choices regarding their care.

All victims of sexual assault have the right to report their assault. As Mandatory Reporters in Colorado, the SANEs will provide information and choices regarding reporting to all sexual assault victims.

All victims of sexual assault have the right and ability to consent to all or part of the evidentiary exam.

Providing a higher standard of evidence collection leads to an increase in successful prosecution of perpetrators.

(Kansas Sexual Assault Network 2000; Lang 1999; Ledray 1999)

SANE programs generally hold the principal of providing expert forensic nursing care for sexual assault victims as the foremost mission of the program. The Mission Statement should be based on issues identified in the Values Statement, and should be clear and concise. The mission statement defines explicitly the overarching intentions that will guide the program. Examples of a Mission Statement are: To meet the needs of the sexual assault victim by providing immediate, compassionate, culturally sensitive and comprehensive forensic evaluation and treatment by trained, professional nurse experts (Ledray 1999:8). To avoid further trauma to all sexual assault survivors in the health care environment accomplished by providing a compassionate and sensitive approach, and a timely and standardized medical/forensic exam (CCASA/CBI 2000:73).

Once the Board has developed its Values Statement and Mission Statement, SANE Program Goals & Objectives can be created. Program Goals & Objectives are precise intentions of what the program hopes to achieve. The most important characteristic of program goals and objectives is clarity. Specific performance objectives that can be measured should be stated for each goal. A program goal may be one component that the SANE program hopes to achieve, while the objectives are the methods used to meet that goal. The objectives should have measurable outcomes that should be evaluated within a specific timeframe and will help the SANE program and the community to assess goal achievement. Examples of SANE Program Goals & Objectives include, but are not limited to the following statements:

Goal: To protect sexual assault victims from further harm in the healthcare environment

Objective: Each SANE will complete the Colorado based SANE curriculum and fulfill required clinical hours according to standards developed for Beth-El affiliated SANE programs. Clinical hours will be completed within 6 months of the classroom education.

Goal: To provide a timely, medical/forensic examination with standardized forensic evidence collection

Objective: Each SANE will receive a copy of the standardized Colorado Forensic Evidence Collection Protocol, and complete the study guide provided. Each SANE program will have a copy of the Colorado Forensic Evidence Collection Protocol in the clinical facility.

Goal: Ensure the availability of victim advocacy & support services

Objective: Each SANE program will have an agreement with advocates or an advocacy based agency in the community as to their notification, response and utilization.

Goal: To provide pregnancy and STD prophylaxis

Objective: Standing orders for medication to provide pregnancy and STD prophylaxis will be provided by the Physician Advisor prior to providing services as a SANE site. Medication will be available on site for the adult and adolescent survivor.

Goal: To provide culturally appropriate services free from bias

Objective: Each SANE will attend cross-cultural or anti-racism training within 6 months of being hired. (CCASA/CBI 2000; Kansas Sexual Assault Network 2000; Lang 1999; Ledray 1999).

Each SANE program will have slightly different goals and objectives which will be a reflection of community needs. Keep in mind that each goal may have more than one objective, and the timeframes may be operationalized within grant and funding guidelines.

PHASE 2 – Site Development

The SANE Site Application

The Colorado SANE Site Application is designed to help communities gather all of the necessary elements to implement a successful SANE program. It has been created over time, through the experiences of successful SANE programs, with the input of the Colorado SANE Advisory Board and includes specific eligibility requirements. The application is distributed annually and completed applications are reviewed and approved by the Colorado SANE Advisory Board. The Colorado SANE Advisory Board is a multidisciplinary committee that holds its mission to be:

To provide multidisciplinary direction to existing and future Colorado SANE programs in order to enhance the provision of services to adult, adolescent and child survivors of sexual assault.

This mission is accomplished through SANE program selection, promotion of education and operation standards, and review of quality assurance and improved outcomes in SANE programs. The Colorado SANE Advisory Board is responsible for the development of the *SANE Site Recommendations, Practice & Operational Standards*, the promotion and publication of the *Colorado Forensic Evidence Collection Protocol*, SANE program site selection, review of applications for program development, and technical assistance and education. Communities interested in developing SANE programs will need to establish a working relationship with and utilize the assistance of the Colorado SANE Advisory Board.

Demographics & Benefits

The first step of the application is to gather demographic information, and define specific benefits of a SANE program in a given community. This information is best gleaned from the community needs assessment surveys and the data gathered initially by the local Community SANE/SART Advisory Board. Demographics need to include the geographic area to be served, total community population, data on reported sexual assaults for the last two years, the service radius of the site, as well as information on already existing services for sexual assault victims.

Components & Location

The site location for the proposed SANE program needs to be a safe, central location that is accessible 24 hours per day and must have a mechanism for injury screening and medical intervention.

Components that are required for a site to be functional are:

- A central location in the community with easy access for survivors and law enforcement
- Access to emergency care and physician backup for medical & trauma intervention
- A comfortable waiting room for friends/family
- Secure access to shower & changing room
- 24 hour access to the facility, response & dispatch of SANE
- Refrigerated, locked storage
- Appropriate equipment, including a Photocolposcope and SIRCHIE Evidence Collection Kits

The Photocolposcope

A colposcope is a stereo, binocular microscope that has the capability to provide magnification as well as photo documentation of genital injury. The colposcope is a valuable tool used in the assessment of sexually abused adults and children. Colposcopes range in price from \$10,000 to \$30,000. Some of the features to consider in selecting a colposcope:

- Overall weight of the equipment and ease of mobility
- Camera use & attachment (35mm vs. digital)
- Automatic advance or foot pedal application
- Photo identification
- Focus capabilities
- Company tech support
- System security

Both 35mm and digital photography can be utilized with the colposcope. Digital application is usually more costly for the initial equipment investment, but eliminates the need for film processing and photo and negative storage associated with 35mm photography. Digital and video technology also provides immediate visualization of anatomic images. In rural areas where fewer cases of abuse may be evaluated, this technology can also allow access to expert opinions via the internet using actual colposcopic images. Whatever technology is selected for colposcopy use, the decision regarding selection should include the input and concerns of the clinicians who will be using the equipment.

Colposcope Resources

Cooper Surgical-Leisegang 95 Corporate Drive Trumbull, CT Contact: Randy Stapleton 800-633-2363 #ext 4029 or 800-259-8170 www.coopersurgical.com

Wallach Surgical Devices Inc. 235 Edison Road Orange, CT 06477 800-243-2463
wallach@wallachsurgical.com

Circon Cryomedics 6500 Hollister Ave. Santa Barbara, CA 93117 888-524-7266
www.circoncorp.com

SIRCHIE Evidence Collection Kits

The recommended kit for evidence collection in Colorado is COL 100 manufactured by Sirchie Finger Print Laboratories Inc.
100 Hunter Place Youngsville, NC 27596
(919) 554-2244
(800) 356-7311 Victim Kit COL 100 Suspect Kit CMS 100

Location Considerations

Other considerations for the location are the levels of accessibility to rape crisis advocates, as well as availability of equipment and supplies, including the standard SIRCHIE evidence collection kits. Although most SANE programs in Colorado and across the nation are emergency department, hospital based sites or sites in a connected medical building, some communities have established programs in separate clinics, or in clinics that have access to hospital back-up (Ahrens et al. 2000; Lang 1999; Ledray 1999). The benefits of a hospital-based program include:

- Many hospitals will donate the space for the exam room
- Emergency departments are open 24 hours/7 days per week
- Hospitals provide easy access to physicians and medical support, equipment, supplies, medication, and lab facilities
- Emergency departments may be able to provide a large pool of on-call nurses, or nurses to be hired by the SANE program
- Location within a hospital can lend credibility to the program
- Sexual assault victims will most frequently seek care in the emergency department, preventing time delays in transfer for the victim.

(Lang 1999; Ledray 1998)

Hospital-based programs may also contain some disadvantages that should be considered. The emergency department is often a chaotic, busy, and impersonal location, and in smaller communities, victims of sexual assault may not feel comfortable in the hospital for fear of being recognized or known. Although Colorado statute mandates that law enforcement pay for the forensic exams, and that patients are not billed, victims may not present to the emergency room for fear of being billed for the exam. (Ahrens et al. 2000; Lang 1999; Ledray 1999) A good relationship with hospital personnel and administrators is essential for the SANE program located in the hospital, and may be more difficult to maintain than programs located in a separate clinic (Ahrens et al. 2000; Lang 1999). Additionally, SANE programs in some communities have utilized an offsite clinic-based location that maintains an affiliation with the local hospital. The benefits are similar to hospital-based programs, but offer more privacy, and frequently a “safer” environment. Disadvantages include the difficulty in transporting victims who report to the emergency department, and the lack of community knowledge about the location. Moreover, initial funding considerations may be higher, and it may be more difficult to obtain funding without full hospital buy-in. (Lang 1999) A final option for the SANE site location is a completely separate clinic-based community program. Private clinic-based programs do not usually face the same political issues of those within one hospital, as they need to acquire support from many hospitals to refer victims to the clinic. Small community clinics can also offer

really private, safe, comfortable environments that have the ability to include more immediate emotional, social and psychological support. Unfortunately, clinic-based clinics are often more expensive to initiate, as overhead costs to lease or buy space can be expensive, as well as the sometimes higher costs of securing equipment and supplies. Again, transportation from the hospital to the clinic may be a disadvantage, as well as being able to ensure 24-hour/7 day per week access and medical intervention for severe injuries. (Lang 1999; Ledray 1998)

The recommendation for new SANE programs in Colorado is that they function in the structure of a hospital or hospital based emergency department, with direct involvement from the hospital administration or management. This option ensures a safe, accessible location and a familiar arena for developing expertise of the SANE team.

Funding & Budget Structure

Educating nurses to provide forensic healthcare to victims and perpetrators of interpersonal violence is not an inexpensive venture. Hospital based SANE programs that provide funding for classroom and clinical education can invest thousands of dollars in preparing nurses to deliver specialized, forensic services (Sievers & Stinson, 2002). The response of a SANE team in a busy hospital emergency department allows nursing and physician staff to respond to a variety of emergency patients whose illness and injuries ultimately generate the potential for financial reimbursement. In comparison, the adult or child sex assault survivor does not typically require trauma intervention for severe or life threatening injuries, but does require time intensive expertise for appropriate evidence collection. Currently in the state of Colorado, law enforcement is by statute mandated to pay for the cost of forensic evidence collection. Charges for evidence collection *should not* be billed to the victim or their health insurance carrier. Typically state Victim's Compensation will cover the costs of STD and pregnancy prophylaxis.

C.R.S. 18-3-407.5 (1) "Any direct cost associated with the collection of forensic evidence from victims shall be paid for by the referring or requesting law enforcement agency." (Colorado Revised Statutes)

Researching the current hospital costs of physician and nurse time, supplies, overhead and current charges to law enforcement for evidence collection will provide a framework for fee structures and illustrate the cost benefit associated with a SANE program. The following list reviews budget considerations for a successful SANE program. Some budget items are one-time expenses for program "start up" while other expenses provide for the continuation of SANE program services. Communities applying for SANE site designation through Beth-El will be asked to provide a projected budget for start up and operating costs for the first year, as well as a projected operating budget for the second year. Sources of secured and unsecured funding will also be requested (*Please refer to the appendix for Colorado sources of funding*).

Personnel Costs

- Nurse Coordinator (Half or full time)
- On-call pay for SANE team members
- Per exam fee for SANE or hourly wage for SANE
- Pay for nurses monthly meeting, case review & providing community education
- Costs associated with pretrial preparation and expert testimony

Education and Training Costs

- SANE education and training for team members (initial and ongoing)
- Reimbursement for 90 hours of required clinical experience (per SANE)
- Travel & per diem for clinical experience obtained in another community
- Conferences & continuing education (registration, travel, lodging)
- Publications, reference material, books

Program Costs

- Room/space (exam room, waiting room, office space)
- Furnishings (chairs, supply cabinet, lighting)
- Office equipment & expenses (phone, computer, postage, supplies, film, film development, exam forms and printing of exam forms, copy/fax machine, paper & copies, locked file cabinet, locked refrigerated storage)
- On-call pagers or cell phones
- Exam equipment (pelvic table, mayo stand, evidence kits, photo or digital colposcope, 35mm or digital camera, microscope, Alternative Light Source)
- Medications
- Medical supplies (gloves, venipuncture equipment, speculums, foley catheters)
- Exam room furnishings
- Brochures, business cards, program information

Ongoing Operational Costs

The development of a community SANE program will provide significant benefit to adult and child survivors, law enforcement, hospitals, rape crisis centers and prosecution. The development and continuation of SANE requires a committed investment of time, resources and money. Careful planning, including a community assessment or needs survey and a structured plan for sustained funding, must be researched before a community launches a SANE program.

The first step in securing funding is determining expenses for SANE program operation. A SANE program can, at least initially, be at a cost that not all communities or healthcare facilities will be able to afford or support. For example, small or rural communities may be interested in the concept of a SANE program, but may not have a sufficient number of reported cases or adequate community resources to develop or provide long-term support. An option for a rural community may be to consider a more regional or countywide SANE program that can provide services in a collaborative structure with several rural hospitals or agencies. There are several SANE program models in the country that utilize a county or metro organized team of nurse examiners to respond to several hospitals in a geographic area or designate a 'regional

referral center' in a specific community to house a SANE program that provides services to multiple counties or agencies. These options can also serve to ensure that the SANE team completes an adequate number of exams to develop and maintain clinical proficiency. A creative idea that has been discussed as a means to serve rural communities is the development of a "SANE Team/Forensic Nurse Examiner Team on Wheels" (E. Flavin, personal communication, July 1999). This model would utilize a group of forensic nurses who could respond on-call to a rural area in an ambulance or emergency transport vehicle that was equipped with needed supplies including a colposcope and, if needed, a "mobile exam room."

Whatever model or option is utilized to develop and fund a SANE program, the clinical facility or hospital where the program will be 'housed' should provide key representation on the local Advisory Board and philosophical support for SANE program development. Often, when the cost benefit of utilizing SANEs to provide care for sex assault survivors is illustrated to clinical administrators and finance analysts, the hospital can sustain many of the costs of a SANE program within an existing budget.

Adults & Children

The next step of the application process is to demonstrate how the proposed location will be able to provide services for both adult and child victims of sexual assault. It is sometimes easier to think of victims of sexual assault as adults only, when in fact a great number of victims are children.

- 29.3% of rape victims are under 11 years old
- 32.3% of rape victims are between 11-17 years old
- 22.2% of rape victims are between 18-24 years old (Kilpatrick, Edmunds, & Seymour 1992)
- 1 in 4 girls are sexually assaulted before age 18 1 in 6 boys are sexually assaulted before age 18 (Finkelhor 1992)

The SANE site location should be capable of providing care for both children and adults, or have other resources available for children. Many communities work collaboratively with local Child Advocacy Centers who serve primarily chronic (non-acute) victims, and this relationship needs to be clearly defined and outlined in the application. If no such advocacy center exists in the local community, SANE sites need to be prepared to see both acute and chronic child victims, and the facility needs to be child friendly.

Recruit/Hire SANEs

Qualifications

The qualifications for nurses to be eligible to attend and complete Colorado SANE education and training are as follows:

- A SANE candidate must be a licensed, registered nurse, or advanced practice nurse (nurse practitioner or clinical specialist)
- Must have a minimum of 3 years of clinical experience in direct patient care in an acute care area such as; emergency nursing, pediatrics, labor and delivery or women's health

- Must be currently involved in clinical practice; must complete both adult and pediatric components of the SANE curriculum as well as 90 hours of post-didactic clinical experience.

The education and experience base for nurses is essential due to the physical and psychological healthcare elements associated with sex assault survivors and the need for autonomy and critical decision making skills. Typically, nurse examiner teams will respond to an emergency department or hospital facility and must be prepared to meet the needs of both adult and child sexual assault victims in a changing clinical environment.

How many SANEs?

An appropriate number of SANEs to hire will be dependant on the average number of sexual assaults reported annually in the area to be served as well as the number of facilities that will be utilizing the SANE team. A large urban area that may utilize SANEs to respond to two or more facilities will need to hire enough nurses to provide not only primary call, but back up call in the event that victims report and respond to different hospital facilities. A smaller, rural area with less yearly reported sexual assaults, a smaller population and one clinical site or hospital will utilize a smaller team of forensic nurse examiners. The number of nurses to hire must also account for work schedules, vacation and attrition. SANE team members must also have the opportunity to respond to sexual assault victims and develop expertise in evidence collection. Too many nurses on a team may limit the development of clinical expertise, while too few nurses will stress the SANE team resources. An example might be the team structure of the SANE program at Memorial Hospital in Colorado Springs. Colorado Springs and surrounding El Paso County support a population of over 600,000. Sex assault survivors, requiring forensic evidence collection including adults and children number about 350 per year, in addition to another 50 requests for suspect evidence collection. There are 10-12 nurses on the Memorial SANE team that provide 24/7 coverage for evidence collection and respond to requests for community education.

Recruiting & Interviewing

In the absence of a SANE team, the responsibility for forensic evidence collection usually falls to nurses and physicians in the emergency department. Experienced emergency department nurses, interested in improving services for adult and child sex assault survivors, can provide great resources and expertise to a new SANE team. Many hospitals print a weekly or monthly hospital newsletter, which could offer information about the developing SANE program and the need for qualified applicants. Other avenues for recruitment include: local newspaper, schools of nursing, professional nursing organizations (Colorado Nurses Association, Emergency Nurses Association) and 'word of mouth'. Members of the Community SANE Advisory Board can interview potential SANE team members. In order to address hospital, clinical, and nursing licensure concerns during the interviews, at least one registered nurse and a representative of the hospital or clinical facility should also be on the interview committee. The interview process might be structured to meet the needs of the healthcare facility if the nurses will be hired as employees of the hospital (*An example of an interview tool is included in the appendix*).

Where's the money?

Typically, hospital based SANE programs, that hire the nurses as hospital or 'per diem' employees, reimburse the SANEs for time spent 'on-call', for time involved in the collection of forensic evidence and care of the sex assault survivor as well hours spent in monthly team meetings, chart review and community education. The hospital in turn bills the requesting law enforcement agency for charges associated with the collection of forensic evidence. Other reimbursement issues to consider include:

- ✓ What funds will pay the nurses for the 90 hours of clinical experience following completion of the classroom and didactic education?
- ✓ What funds will pay for travel if the nurses need to complete forensic evidence collection requirements in another community?
- ✓ What funds will pay for SANE education and training for future, additional SANE team members and continuing education of existing team members?

Considering the commitment of money and resources needed to develop and maintain a SANE team, some hospital-based programs are including a contract the nurse signs when hired. The contract stipulates they must take an equitable amount of on-call hours as a SANE team member for 18-24 months following completion of their paid education and clinical experience. If a SANE team member chooses to leave before the 18-24 month timeframe, they can be asked to reimburse the hospital a pro-rated amount of money toward the funding for their education and clinical experience hours.

Recruit/Hire SANE Coordinator

Qualifications

The Colorado *SANE Site Recommendations, Practice & Operational Standards* (see *appendix*) recommendation is that the SANE site clinical coordinator should be selected within the 3 months following the didactic and classroom education. The nurse coordinator must have completed the Colorado model of SANE education and be hired based on input from the SANE team and the physician advisor. The SANE Coordinator **should not** be solely responsible for the development of practice protocols, standards, continuing education and scheduling. The nurses on the SANE team should work collaboratively to develop these areas and assure that the 'on-call' schedule provides 24/7 coverage. The SANE Coordinator should distribute responsibilities to the team, act as a resource and liaison between the hospital, the SANE team, and the physician advisor, promote education regarding forensic services in the community, develop expertise regarding the care of adult and child sex assault survivors and mentor future novice SANE clinicians.

Recruit/Hire Physician Advisor

Qualifications

The qualifications for the Physician Advisor to Colorado SANE programs recommends physician advisor candidates to be: licensed to practice medicine as a M.D. or D.O in Colorado;

currently involved in the practice and provision of medical services in acute or primary care (emergency medicine, pediatrics, family medicine, women's health/obstetrics & gynecology); familiar with the standards of forensic evidence collection; familiar with and understand the Colorado Nurse Practice Act (*see appendix*); and willing to attend SANE training. The qualifications and experience of the physician advisor are essential due to the dynamics of interpersonal violence, potential for injury, and the physical and psychological needs of adult, adolescent and child sex assault survivors. A physician in a community may be interested in acting as a physician advisor for a SANE program, but if the physician is for example a researcher or a health department administrator without an active patient practice or current privileges to practice in a hospital setting he/she will not be appropriately prepared to function as physician advisor. The majority of SANE programs in Colorado recruit physicians certified in emergency medicine, obstetrics and gynecology or family practice. The physician advisor role includes providing medical expertise to complement the forensic proficiency of the nurse examiners. (*SANE Physician Advisor and Collaboration Standards are included in the appendix.*)

Community Collaboration

As has been emphasized throughout this manual, collaboration within the community is vital for a successful SANE program. At this point in the application process, the community SANE Advisory Board should have established a multidisciplinary, cooperative approach that involves law enforcement, prosecutors, victim advocates, social services, health care providers and facilities, and others in the community. This portion of the application is a detailed description of the community collaboration needed to develop and maintain a successful SANE program. Some questions to consider:

- How often will the Community Advisory Board meet?
- What members will be responsible for preparing the application?
- Who will recruit and interview the physician advisor and nurses?
- Which organizations in the community can contribute to the financial development needs of the SANE program?
- What resources are available in the community to provide for completion of required clinical hours for the nurse examiners?
- What agreement is in place or needs to be developed for availability of victim advocates?
- How will the SANE program be promoted and evaluated in the community?

Clinical Experience

The SANE candidates are required to complete 90 hours of clinical experience within 6 months following the classroom and *didactic education*. 24 hours are spent in adult health to include mastery of speculum use and pelvic examinations, 24 hours in care of well-children and 24 hours in courtroom observation of criminal trial proceedings. The remaining 18 hours are spent in the collection of forensic evidence from a minimum of 6 adult survivors and 10 child survivors with a SANE or experienced physician preceptor. Prior to taking independent call as a

SANE team member, the nurses should complete all clinical hours. An appointed member of the SANE Community Advisory Board should arrange the contacts for the completion of clinical hours for the nurses in advance of the classroom education.

Suggested sites for completion of clinical hours

- Pelvic exams in the local emergency department under the direction of an emergency physician or nurse practitioner
- Adult health exams in a private practice office
- Pelvic exams with a physician or nurse practitioner in the women's clinic or STD clinic of the county health department
- Pelvic exams and well women exams at Planned Parenthood
- Well child exams, school physicals in a private practice office with a pediatrician or pediatric nurse practitioner
- Child, family or pre-natal clinics scheduled at the local county health department, after-hours clinics affiliated with health care facilities or military hospitals
- Child advocacy centers
- Community health centers
- Schools of nursing

The required evidence collection exams (6 adults and 10 children) should be completed with an experienced Sexual Assault Nurse Examiner or a physician experienced in appropriate forensic evidence collection on adults and children. If these components are not available in the proposed community, SANE candidates will have to travel to a "SANE" community where they will have the opportunity to be included in forensic exams. The funds needed to reimburse the nurses for clinical experience time and pay for lodging and travel must be outlined in the SANE site application and secured prior to the scheduling of SANE education and training. Because the nurse examiners will also provide testimony in court, the clinical requirements include observation of 24 hours of criminal trial proceedings and expert testimony given in these proceedings. Criminal trial proceedings can include: homicide, attempted homicide, assault and sexual assault on an adult or child. Observing 24 hours of trial proceedings and expert testimony is in addition to the classroom education and 'expert witness' role-playing the nurse examiners complete as part of the SANE curriculum. Likewise, if the opportunity for criminal trial proceedings is not readily available in the proposed community, SANE candidates may have to travel to an area where criminal trial proceedings and expert testimony are accessible.

Program Administration

As discussed earlier in this manual, a collaborative, community-based Advisory Board is pivotal in the development of a successful SANE program. But who or what entity is or should be responsible for the continued 'administration' of the SANE program? Some of the administrative and organizational responsibilities associated with a functioning SANE program include:

- Billing for services and reimbursement to nurse and physician providers
- Ordering and storage of evidence collection kits and healthcare equipment

- Providing management of secure and separate storage for evidence and medical-legal records
- Collecting data
- Determining practice and liability issues associated with licensed healthcare professionals
- Funding, budgeting and billing for healthcare related services

Hospital organizations and clinical facilities are familiar with federal regulations associated with the provision of healthcare services and liability concerns of state licensed nurses and physicians.

In view of this, the recommendation for new SANE programs in Colorado is that the administration of the program is directed by the sponsoring hospital and includes the continued collaboration of the Community SANE/SART Advisory Board.

The final part of the application is regarding the evaluation of the SANE program. Please see the section titled *SANE Program Evaluation*, as a part of Phase 4 of the development process, for information about the evaluation recommendations.

PHASE 3 – SANE Education

Application Review & Notification

The application for SANE site selection and development contains the components reviewed in Phases 1 & 2 of this manual. Once the application has been completed, and all members of the SANE Community Advisory Board have signed the **Memorandum of Understanding** (*see appendix*) with original signatures, submit the application to Beth-El College and the Colorado SANE Advisory Board via email as an attachment in Microsoft Word.

Applications submitted for Colorado SANE site development and education are evaluated and scored by members of the Colorado SANE Advisory Board at the scheduled monthly meeting following the application deadline. The decision of the Board, and identified issues or potential changes to the application will be communicated via phone and email to the community 'contact person' 7-10 days after the application is reviewed. A letter outlining the Board's decision and issues or changes to be addressed will be forwarded to all members of the Community Advisory Board and include a timeline for response. The Colorado SANE Advisory Board reserves the option to approve or decline a submitted application. In the event that a submitted application is not approved for SANE site development and training, the community or facility can reapply at a later time.

SANE Education

The education curriculum developed in Colorado is based on a curriculum model that has been utilized in Texas for over 25 years to initiate SANE programs and educate nurses and physicians. The education is provided over **6 days (48 classroom hours)** and reviews healthcare and forensic evidence concerns of adult and child survivors of sexual assault, as well as perpetrators of interpersonal violence, and knowledge of judicial proceedings. The classroom component of education is followed by **90 hours of required clinical experience**. Typically, someone from the community-based SANE/SART Advisory Board can communicate with the Statewide Coordinator to arrange dates for the SANE education and training. The clinical

experience is structured in adult, adolescent and pediatric acute and non-acute settings as well as a judicial component that includes observation of criminal trial proceedings and expert testimony. The education and training is typically scheduled in 2 separate, three-day sections of class. Arrangements need to be made for:

- the location of the education course
- audiovisual needs of the speakers
- any food provided for the participants
- confirmation of any speakers from your community

The Statewide Coordinator is available to assist with these arrangements. All arrangements should be completed three months before the education course begins. Following the protocol established to recruit and hire SANEs, begin building the SANE team as the arrangements are being made for the education course. It is important to have the initial team fully hired before the SANE education course. The week prior to the first SANE Education session, please re-confirm facility location and audiovisual needs, session times for any local speakers, and food preparations for participants. Also, please make certain that parking, restrooms, and pay phones are available and easily accessible. Members of the Community Advisory Board are encouraged to attend the education as it will better acquaint them with the new program and prepare them to continue facilitating the growth of the program.

Education begins with the understanding that the SANE Team will be operating within six (6) months of the initiation of classroom sessions.

PHASE 4 – SANE Program Success

SANE Program Evaluation

As with any new program or service, evaluation is an important feature. Program evaluation is needed to measure the value of a service to the community, ensure appropriate utilization of limited resources, improve the effectiveness of a program and create opportunities to compete for funding. Questions in the SANE application regarding program evaluation ask about what outcomes will potentially be evaluated in a new SANE program and how the data and information will be compiled. Outcome measures should be determined as a direct reflection of program objectives, as those objectives set the stage for evaluation. Colorado SANE programs may be contacted on a quarterly basis by Beth-El for data regarding the function of the SANE program in the community and might also be asked to complete and submit an annual survey. A site visit to evaluate the physical accommodations of the SANE program may also be arranged with the representatives from Beth-El College of Nursing & Health Sciences at UCCS (*Examples of quarterly evaluations & an annual survey are included in the appendix*).

Examples of data to be collected include:

- How many adult female forensic exams were completed this quarter?
- How many forensic exams were completed on children this quarter?
- How many suspect exams were completed by the SANE team this quarter?

- What percentage of female & male adult victims have genital injury?
- How many times have the SANEs provided expert testimony in court?

SANE Continuing Education

Another factor that will contribute to the success and growth of a SANE program is the opportunity for the members of the SANE team to obtain continuing forensic education. The arenas of forensic science, healthcare, medicine and law are rapidly changing. As knowledge is expanded by research, experience and practice, changes in victim care and collection of evidence will continue to evolve. It is essential for members of the SANE team to be current in clinical practice and develop expertise in forensic nursing. Opportunities for continuing forensic education for SANEs include:

- Photo review & chart QA at monthly team meetings
- Presentations by community guest speakers at monthly team meetings
- Annual Beth-El College sponsored Advanced Forensic Education
- IAFN Annual Conference (International Association of Forensic Nurses)
- APSAC/San Diego Children's Hospital Annual Child Maltreatment Conference (American Professional Society on the Abuse of Children)
- Forensic education offerings provided by professional nursing organizations

Typically, the cost for conferences associated with IAFN or APSAC including registration, lodging and airfare is \$1500-\$1800 per conference attendant.

Maintaining the SANE Program

The objectives of developing SANE programs are to reduce the overall trauma to sexual assault victims, to provide cost effective methods of evidence collection, and to benefit the judicial process. The success of achieving these goals is dependent on how thorough and well thought out the development process is and the continued maintenance of the program once it has been established. SANE programs across Colorado will require community specific attention, and it is essential that each community develop a forum for collaboration to create and run the program. By establishing a strong, interdisciplinary Community Advisory Board with solid relationships among the nurses, the hospital personnel and administration, victim advocates, law enforcement, and prosecution, the program has an effective foundation from which to operate. The Beth-El SANE Site application process will help communities initiate the components necessary for a successful program, including site location, budget and funding concerns, staffing, administration, and evaluation tools. Long-term maintenance of the SANE program must include:

- Regular, scheduled meetings of the Community SANE Advisory Board and continued participation of key community stakeholders
- Continuing education opportunities for members of the SANE team to include professional conferences such as IAFN, APSAC and the annual SANE Advisory Board and program retreat
- Funding provisions to educate additional nurses for the SANE team due to attrition or

program growth

- Ongoing program evaluation and data collection

By using this manual as a guide for the development and operation of SANE programs, Colorado communities will be able to offer effective and compassionate services to victims of sexual assault. Please feel free to contact the staff at Beth-El for assistance and any questions regarding the development of SANE programs.

APPENDIX

SANE Introductory Letter – Sample

The following sample letter is an example of the type of letter that can be sent to potential members of the SANE Community Advisory Board/SART. Remember that for some individuals, this may be the first they have heard of SANE programs, so it is important to be clear when describing the SANE model. It is also helpful to include various articles that describe and support the development of SANE programs. Please check the list of References in the *Community Development Manual for Colorado SANE Programs* for article information.

June 30, 200_

Dear _____,

You and/or your agency has been identified as a key contributor, and necessary component in the development of a Colorado Sexual Assault Nurse Examiner (SANE) Program for our community. A Sexual Assault Nurse Examiner (SANE) is a registered nurse who has been specially educated and trained to provide comprehensive care to adult and child survivors of sexual assault, as well as suspects, and to provide expert testimony in a court of law. A SANE is responsible for the immediate medical care of sexual assault victims and the collection of exquisite forensic evidence, and understands the complexities of sexual victimization. Having a SANE program greatly benefits the community by improving the medical and judicial response to sexual assault victims.

The development and long term success of a Colorado SANE program requires a multidisciplinary and collaborative approach among the entire community. An initial task force meeting to discuss community needs and potential SANE program development will be held on _____ at _____. Please call _____ at _____ if we can look forward to your participation.

Thank you for your consideration on the creation and development of a Colorado SANE program for our community!

Sincerely,

Community Development Meeting Sample Agenda

As part of the development of SANE programs throughout Colorado, CCASA assists communities during these initial meetings by providing representatives to present, help facilitate, and create agendas for the organizational meetings of the Community Advisory Board. The first meeting should include a presentation that covers the need for the program in the community, general Sexual Assault Nurse Examiner information, and *SANE site requirements, practice, and operational recommendations*. The following is a sample agenda for the initial Community Development Meeting. To begin the process, designate someone to take meeting minutes to keep an accurate record of the meeting.

- 1) Introduction of Members requested to serve on the SANE Community Advisory Board/SART
- 2) General SANE information
 - a. What is a SANE?
 - b. Benefits of SANE
- 3) SANE site requirements, practice, and operational recommendations
- 4) Why SANE in our community?
 - a. Community Assessment Tools
- 5) Steps of Community Development
- 6) Tasks/Timeline
 - a. Who will do what?
 - b. Who will make contacts?
 - c. Planning of potential timeline
- 7) When to contact Beth-El to have the SANE Statewide Coordinator meet with the SANE Community Advisory Board/SART
- 8) Questions/Concerns
- 9) Next Meeting

Community Needs Assessment Surveys

COMMUNITY NEEDS ASSESSMENT SURVEY for HOSPITALS, CLINICS, HEALTHCARE PROGRAMS

Sexual assault data for the previous year 200_:

- 1) Number of sexual assault victims treated (whether sexual assault forensic evidence collection kit was collected or not):

of female child victims (0-17) _____ # of male child victims (0-17) _____
of female adult victims _____ # of male adult victims _____

- 2) Number of sexual assault cases reported to law enforcement (whether sexual assault forensic evidence collection kit was collected or not):

of child victims (0-17) _____ # of adult victims _____

- 3) Number of sexual assault forensic evidence collection kits that were collected in 200_:

of female child victims (0-17) _____ # of male child victims (0-17) _____
of female adult victims _____ # of male adult victims _____

- 4) Race of victims treated in 200_:

Caucasian _____ Native American _____ African American _____ Asian _____
Hispanic _____ Other _____ Please specify:

- 5) Which health care provider is doing the sexual assault exams? (Check all that apply):

- Emergency MD
- Emergency Nurse
- Pediatrician
- Ob/Gyn MD
- Family Practice MD
- Residents
- Nurse Practitioner
- Other _____

What do you currently find helpful or would you find helpful about sexual assault advocacy services?

Indicate any concerns or challenges you see with victim advocacy services:

Discuss any positive interactions/ collaborative efforts you see and/or have experienced within your community as a response to sexual assault:

Discuss any challenges, concerns you see and/or have experienced within your community:

Discuss any future efforts you would like to see happen within your community in order to enhance victim services: _____

Please identify underserved populations within your community:

List the individuals in your community that you would see as being key players within a multidisciplinary team to assist victims of sexual assault (Please list names and phone numbers):

COMMUNITY NEEDS ASSESSMENT SURVEY for LAW ENFORCEMENT

Sexual assault data for the previous year 200_

- 1) Number of sexual assault victims that reported to your office in the previous year (whether case was charged or not):

of female child victims (0-17) _____ # of male child victims (0-17) _____
of female adult victims _____ # of male adult victims _____

- 2) Who was the perpetrator in relation to these victims? (Place # in each space applicable):

___ Spouse
___ Uncle
___ Boyfriend
___ Cousin
___ Girlfriend
___ Date
___ Father
___ Step-Father
___ Mother
___ Step-Mother
___ Grandfather
___ Acquaintance
___ Grandmother
___ Friend
___ Brother
___ Neighbor
___ Sister
___ Co-Worker
___ Aunt
___ Stranger
___ Other: _____

- 3) Number of sexual assault cases that were taken to the District/County Attorney's office for charges to be brought against the perpetrator:

of child cases _____ # of adult cases _____

Discuss any positive interactions, collaborative efforts you see and/or have experienced within your community as a response to sexual assault.

Discuss any challenges, concerns you see and/or have experienced within your community:

Discuss any future efforts you would like to see happen within your community in order to enhance victim services:

Please identify underserved populations within your community:

List the individuals in your community that you would see as being key players within a multidisciplinary team to assist victims of sexual assault (Please list names and phone numbers):

**COMMUNITY NEEDS ASSESSMENT SURVEY for
DISTRICT/COUNTY ATTORNEY'S OFFICE**

Sexual assault data for the previous year 200_:

1) Number of sexual assault cases that were brought to your office by law enforcement in 200_ (whether cases were tried or not): _____

2) Gender of victims:	Age of victims:	Race of victims:	
Male _____	00 - 17 _____	Caucasian _____	
Female _____	18 - 29 _____	African American _____	
Total # _____	30 - 44 _____	Hispanic _____	
	45 - 64 _____	Native American _____	
	65+ _____	Asian _____	
		Other _____	

Please specify:

3) Number of cases that contained sufficient evidence in order to proceed with the court process: _____

4) What were the outcomes of the sex crime cases tried? (Place # in each space applicable):

Guilty _____ Dismissed _____ Not Guilty _____ Plea Bargain _____
Other _____ Please specify: _____

5) How many district/county attorneys does your office currently employ?

6) Of these attorney's, do any of them prosecute strictly try sex crime cases?

Yes If yes, how many? _____
No

Discuss any challenges, concerns you see and/or have experienced within your community:

Discuss any future efforts you would like to see happen within your community in order to enhance victim services:

Please identify under-served populations within your community:

List the individuals in your community that you would see as being key players within a multidisciplinary team to assist victims of sexual assault (Please list names and phone numbers):

**COMMUNITY NEEDS ASSESSMENT SURVEY for
SEXUAL ASSAULT ADVOCATES/RAPE CRISIS PROGRAMS**

1) Services provided to sexual assault victims by this agency:

- Crisis Counseling Services for Underserved
- Crisis Hotline Populations
- Shelter Support Groups
- Court Advocacy
- Educational Programs
- Outreach Services
- Referrals
- Other _____

2) Number of hotline calls received by this agency: (last two years)

200_ _____
200_ _____

3) Number of times advocates have responded to a victim of sexual assault reporting to the hospital for a sexual assault exam:

200_ _____
200_ _____

4) Number of times advocates have provided services for a victim during court/trial proceedings:

200_ _____
200_ _____

5) Does this agency utilize volunteer sexual assault advocates?

- Yes
- No

6) If yes, how many active volunteer advocates do you currently have? _____

7) Please list volunteer advocate responsibilities (or attach job description):

- 8) Do the staff and/or volunteers work directly with the medical response?
Yes
No

If yes, in what capacity do they work together?

If no, in what capacity would this agency like to be involved with the medical response?

- 9) Do the staff and/or volunteers work directly with the county attorney/prosecutor's office?
Yes
No

If yes, in what capacity do they work together?

If no, in what capacity would this agency like to be involved with the court process?

Please list examples of the types of referrals given by your agency to sexual assault victims:

Discuss any positive interactions, collaborative efforts you see and/or have experienced within your community as a response to sexual assault:

Discuss any challenges, concerns you see and/or have experienced within your community:

List the individuals in your community that you would see as being key players within a multidisciplinary team to assist victims of sexual assault (Please list names and phone numbers):

SANE COMMUNITY ADVISORY BOARD & MULTIDISCIPLINARY TEAM

Memorandum of Understanding

We, the members of the _____ SANE Community Advisory Board, support the development and continuance of a SANE program in our community.

As members of the SANE Community Advisory Board/Multidisciplinary Team, we affirm our commitment to the development and enhancement of a Sexual Assault Nurse Examiner program. We understand that successful implementation and continued operations of a SANE program requires diligent collaboration and cooperation within the surrounding community. We will demonstrate this commitment in the following ways:

- The SANE Community Advisory Board/Multidisciplinary Team will include representatives of the community from such groups as law enforcement, district attorneys/prosecutors, victim advocates, social services, health care providers and facility managers, hospital administrators, and other members of the community.
- Members of the SANE Community Advisory Board/Multidisciplinary Team will regularly schedule and attend meetings to guarantee the ongoing operation of the SANE program.
- Members of the SANE Community Advisory Board/Multidisciplinary Team will facilitate the implementation of the recommended Colorado **SANE Site Practice, & Operational Recommendations**.
- Specifically:
 - 1) Clinicians, Nurse Coordinators, and Physician Advisors will meet the qualifications required to attend SANE education & training, will attend Colorado SANE classroom and didactic training, and complete 90 hours of clinical experience within 6 months of the classroom training.
 - 2) The SANE site will have use of a photo colposcope within 90 days of the completed classroom training, and will arrange for appropriate equipment, standing orders, medication and supplies for care of adult & child survivors.
 - 3) Protocols regarding evidence collection, forensic chart documentation, and treatment referrals for medical intervention will be implemented.
 - 4) The SANE site will be a safe, central location accessible 24 hours a day, and will include access to screening, emergency care, physician back up, and a comfortable waiting room for family & friends.
 - 5) 24 hour/7 days per week SANE coverage will be provided.

- Members of the SANE Community Advisory Board/Multidisciplinary Team agree to ensure the continued operations of the SANE site through the following:
 - 1) Protocols regarding the hiring/replacement of Sexual Assault Nurse Examiners and continuous 24/7 SANE coverage will be developed and implemented.
 - 2) Standards for continuing education of SANE practitioners will be adopted.
 - 3) Data collection and information about SANE site statistics will be gathered and used to improve the community/facility response to sexual assault.
 - 4) Technical assistance, including education and continued training, will be requested and utilized.

- Members of the SANE Community Advisory Board/Multidisciplinary Team agree to participate in collaborative communication with the Colorado SANE Advisory Board. Any operational or practice changes regarding the function of the SANE program, or difficulty/failure to meet the recommended operational and practice standards, will be communicated to the statewide SANE Advisory Board and/through the State SANE Coordinator.

Adopted by the undersigned members of the _____
SANE Community Advisory Board/Multidisciplinary Team on _____, 200_.

NAME, TITLE
DISTRICT ATTORNEY'S
OFFICE

NAME, TITLE
DISTRICT ATTORNEY'S
OFFICE/PROSECUTOR

NAME, TITLE
LAW ENFORCEMENT

NAME, TITLE
LAW ENFORCEMENT

NAME, TITLE
NURSE REPRESENTATIVE

NAME, TITLE
PHYSICIAN ADVISOR

NAME, TITLE
NURSE MANAGER

NAME, TITLE
HOSPITAL/HEALTH CARE
ADMINISTRATOR

NAME, TITLE
CHILDREN'S ADVOCACY
CENTER

NAME, TITLE
VICTIM ADVOCATE

NAME, TITLE
VICTIM ADVOCATE

NAME, TITLE
VICTIM ADVOCATE

NAME, TITLE
SOCIAL SERVICES

NAME, TITLE
SOCIAL SERVICES

NAME, TITLE
OTHER

NAME, TITLE
OTHER

NAME, TITLE
OTHER

NAME, TITLE
OTHER

SAMPLE APPLICATION ONLY

COLORADO SEXUAL ASSAULT NURSE EXAMINER PROGRAM SITE APPLICATION PACKET 2007-2008

GENERAL GUIDELINES

Beth El College of Nursing and Health Sciences and the Colorado SANE Advisory Board supplies this application packet to organizations that wish to apply for qualification for SANE training and technical assistance. *The Community Development Resource Manual for Colorado SANE Programs can be used as a reference in completing this application.*

Application must be received by 5:00 pm, April 1st, 2006 Late applications will not be eligible for selection. Applications must be type written. Direct any questions to the voicemail of the SANE Coordinator at (719)-262-3585

Completed application may be submitted via email, disc, or hard copy: *Electronic filing as an attachment in Microsoft Word is preferred to: vsievers@uccs.edu*

Hard copies of the application can be mailed to:
Beth-El College of Nursing & Health Sciences
University of Colorado at Colorado Springs
PO Box 7150 UH-1
Colorado Springs, CO 80933-7150
Attention: Val Sievers

All qualified applications will be reviewed by the SANE Advisory Board, which serves in an advisory capacity to the Beth-El College of Nursing and Health Sciences. Applicants will be notified of the Advisory Board's decision after April 11th, 2006.

Application has been completed by: (Name(s) & contact information)

1) _____

2) _____

3) _____

Overview

The SANE Advisory Board is committed to the development of SANE programs throughout the state of Colorado that fully utilizes a multi-disciplinary system of support for the project. This application is for the solicitation of sites to develop a local SANE program. Project sites selected for participation will be provided SANE classroom and didactic training (with the exception of a classroom fee per student), as well as ongoing technical assistance and community support strategies.

The Sexual Assault Nurse Examiner (SANE) is a specially educated registered nurse, who is:

1. Educated to provide comprehensive care to adult, adolescent & child survivors of sexual assault
2. Able to competently conduct a forensic exam
3. Provide information and referral to enhance the continuity of care to sex assault survivors
4. Able to provide expert witness testimony in court.

The purpose for development of SANEs throughout the state is:

- to reduce the physical and psychological trauma of sexual assault victims through sensitive and timely examinations;
- to provide cost effective methods of evidence collection; and
- to have a beneficial impact on the judicial process by effective collection of forensic evidence and expert testimony.

To be eligible for selection as a SANE site, the facility or agency must document the ability to:

1. Demonstrate community support for the projects' commitment to needs of adults & children.
2. Work as a multidisciplinary team.
3. Ascertain needed number of SANEs for geographic area and population to be served.
4. Demonstrate a plan for continuation of SANE project.
5. Be able to set up logistics including location, equipment, food, and supplies for training.
6. Secure a commitment from an appropriate number of nurses to attend 48 hours of classroom instruction, complete 90 hours of clinical experience & provide care for adults & children
7. Provide SANE curriculum education funds equal to \$350.00 per clinician.
8. Organize potential sites in the community to provide 90 hours of clinical experience after classroom training is completed, to include focus on adults, adolescents & children.
9. Obtain a colposcope (photo or digital) within 90 days of completed classroom training
10. Collect data on the efficacy of the SANE program & provide data to the State SANE Coordinator on a quarterly basis.
11. Allocate funds to send SANE team members to statewide education programs & national forensic education conferences.

12. Network with Colorado SANE programs to provide clinical experience & mentor future SANE clinicians.

PLEASE NOTE: This application does not provide any funding for salaries for any SANEs or nurse coordinators of local SANE sites.

APPLICATION

Lead Facility/Agency _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax /Email _____

Agency Representatives to serve on Community SANE Project Advisory Board

District Attorney/Rep; _____

Agency _____

Title: _____

Health Care Providers: Registered Nurse & Physician: _____

Agency: _____

Title: _____

Health Care/Hospital Administrator: _____

Agency: _____

Title: _____

Law Enforcement Representative(s): _____

Agency: _____

Title: _____

Victim Advocacy Representative: _____

Agency: _____

Title: _____

Social Services Representative: _____

Total Community Population _____

Agency: _____

Title: _____

Child Advocacy Center Representative/Other Representative: _____

Agency: _____

Title: _____

A: Demographics

1. What is the geographic area to be served by this program?

County Judicial District Other describe _____

Males		Females	
Ages 0-14		Ages 0-14	
Ages over 14		Ages over 14	

Sexual Assaults Reported to Police in:	2005	2006	Sexual Assaults on Children Reported to Police in:	2005	2006

a) Is the proposed site in an area that is? Rural Urban

2. What is the anticipated service radius of this site? _____ miles _____ counties

3. Are there available forensic clinicians or programs that already provide exams to victims of sexual assault in your vicinity? Yes No

Name: _____

Address: _____

If yes, what is the proximity to the community you propose to serve?

B: Project Start Up & Operating Budget for First Year

Dates for this fiscal year: _____

To demonstrate the potential for the success of the SANE program, please provide a projected budget. Indicate if the funding source is secured. It is **required** that SANE team members attend conferences & continuing education. Please budget a minimum \$1000.00 per SANE for conference fees, appropriate travel and per diem. *(In view of on call coverage, not all SANEs will be able to attend the same conference).* **Outline the funding that will provide reimbursement for the 90 hours of required clinical experience following classroom instruction.** If a colposcope needs to be obtained, indicate projected cost & vendor in the equipment section.

A. Staffing including Nurse Coordinator, Nurses, may include Physician Advisor & Professional Services: include funds to pay "on call" time, reimbursement for evidence collection & required QA & team meetings.					
POSITION	Salary or Wage	Percent of Time	Total Cost	Source	Check if Secured
Fringe			Total of Personnel		
B. Supplies And Operating Expenses: (communication, copying, pagers, film processing, funds for SANE training, SIRCHIE kits for training, classroom AV, refreshments, etc)					
			Total Cost	Source	Secured
			Total \$		
C. Travel (transportation, lodging & per diem for clinical experience & continuing education).					
			Total \$		
D. Equipment: (digital/photo) colposcope, ALS, microscope, 35mm camera, film etc.					
			Total Cost	Source	Secured
			Total \$		
TOTAL OF ALL PROJECT COSTS (A-D)			\$		

C: Operating Budget for Second Year

Fiscal year: _____

The budget for the second year of the SANE program should include costs associated with continuing & maintaining the SANE program: Potential education & training costs for new team members, supplies used in evidence collection, printing costs for medical-legal chart used by SANEs and continuing education and conference attendance.

A. Staffing: Nurse Coordinator, Nurses: include funds to pay "on call" time, required meetings, outreach education provided by SANEs, replacement costs of team members lost to attrition & time involved in courtroom testimony.					
Position	Salary or Wage	Percent of Time	Total Cost	Source	Check if Secured
FRINGE			Total of Personnel		
B. Supplies And Operating Expenses: copying, printing of medical-legal chart, pagers, SIRCHIE kits, film, film processing, hospital supplies used in evidence collection.					
			Total Cost	Source	Secured
			Total \$		
C. Travel: transportation, lodging & per diem for clinical experience & continuing education.					
			Total \$		
D. Equipment /other: microscope, ALS, 35mm camera for body surface documentation, etc.					
			Total Cost	Source	Secured
			Total \$		
TOTAL OF ALL PROJECT COSTS (A-D)			\$		

D. Site Components

The following components are essential for a site to be considered:

- Central location in the geographic area
- Access to emergency care and physician backup for medical & trauma intervention
- Comfortable waiting environment for family and friends
- Access to a shower and changing room
- 24 hour access to SANE program facility and response or dispatch of SANE
- Secure, refrigerated storage for evidence *or* access of law enforcement to maintain chain of possession

1. Please describe how each component will be established
2. Who will purchase the SIRCHIE evidence kits to be used by SANES? Where will the kits be stored prior to use?

3. Does the proposed location have the resources to serve both children (0-15) and adults (15+)?

Yes No ***If No:** describe what other resources are available.

- a) Will the proposed location serve both acute and chronic child victims of sex assault?

Yes No ***If No:** describe what other resources are available.

- b) Is there a Children's Advocacy Center in the community to serve children & provide medical-legal exams for children who are non-acute victims of assault or abuse?

Yes No ***If No:** describe what other resources are available.

c) If yes, how will the SANE program interface/collaborate with the program at the Children's Advocacy Center?

d) Describe how the health care location facilities will be child friendly.

D. SANE Clinician

SANE Qualifications:

- Colorado licensed, registered nurse (preferably BSN); or
- Colorado licensed physician with clinical expertise in emergency medicine, acute care, pediatrics or Women's health care
- 3 years clinical experience in direct patient care in emergency nursing, acute care, pediatrics **OR**
- Labor & Delivery/Women's health care and currently involved in clinical practice as a RN or APN **AND**
- Completion of Colorado SANE curriculum and clinical requirements;

1. How will SANE candidates be recruited? Who will interview SANE candidates?

2. How will your facility ensure that SANE candidates meet the required qualifications to be eligible for training?

3. How many SANEs will be hired for this program? _____

a) Describe the plan and available finances for maintaining appropriate numbers of SANE's on this team, including replacement of those lost through attrition, vacation, sick-time, etc.

4. What is the plan to provide on call coverage, 24 hours a day, 7 days a week?

a) How will continuing education and quality improvement be maintained?

5. Considering the amount of time and financial support needed to initialize a SANE program, what time or contractual commitment will this program require of SANE team members?

If a specific contract/agreement will be utilized for SANE team members, please attach a copy.

6. How will the SANE Coordinator be selected/hired? How many hours will be budgeted for the SANE Coordinator position? What funds will pay for this position?

E. Physician Advisor

Physician Advisor Qualifications:

- Licensed to practice medicine as a M.D. or D.O in Colorado;
- Currently involved in the practice & provision of medical services in acute or primary care (emergency medicine, pediatrics or women's health)
- Familiar with the standards of forensic evidence collection
- Familiar with the Colorado Nurse Practice Act
- Be willing to attend SANE training

1. How will the Physician Advisor be recruited?

2. Is the Physician Advisor willing to provide standing orders for dispensing both emergency contraception and STD prophylaxis for sexual assault survivors?

Yes No

*If No: describe what other resources will provide this:

3. What amount of time or contractual commitment will the program ask of the Physician Advisor?

6. The SANE candidates are required to complete 90 hours of clinical experience within 6 months following the classroom and didactic education. 24 hours is spent in adult health to include mastery of speculum use and pelvic examinations, 24 hours in care of well-children and 24 hours in courtroom observation of criminal trial proceedings. *The remaining 18 hours is spent in the collection of forensic evidence from a minimum of 6 adult survivors and 10 child survivors with a SANE or experienced physician preceptor.*
 - a. List the health care facilities, organizations or private practices that have been contacted and are potential sites for completion of SANE clinical hours (well adult, well child and courtroom observation) and/or forensic evidence collection exams (6 adults, 10 children) ***in the proposed community.***

 - b. List the healthcare facilities, organizations or private practices ***outside the proposed community*** that have been contacted and are potential sites for completion of SANE clinical hours and/or forensic evidence collection exams.

 - c. Describe the plan to ensure completion of forensic evidence collection experience from 6 adult and 10 child survivors within 6 months following the classroom education.

- d. What is the expected timeframe following the 'start-up' of the SANE program, when the clinical facility and SANE team would be prepared to mentor SANEs from other Colorado programs to complete forensic evidence collection requirements?

G. Administration

1. How will this project/program be administered?
 - a. If the program is housed *outside a healthcare facility*, explain how the administration responsibilities will interface/be divided between the project coordinator, the nurse coordinator and the physician advisor.

According to Colorado statute:

2. C.R.S. 18-3-407.5 (1) *"Any direct cost associated with the collection of forensic evidence from victims shall be paid for by the referring or requesting law enforcement agency."*

Describe the current mechanism or agreement for billing law enforcement or social services for requested forensic evidence collection from adult and child survivors of sexual assault in the health care facility.

- a. What fee is currently charged for evidence collection from adult survivors?
- b. What fee is currently charged for evidence collection from child survivors?
- c. Please itemize the current costs charged for forensic evidence collection in the healthcare facility:

\$ _____
 \$ _____
 \$ _____

\$ _____
 \$ _____
 \$ _____

- d. How will the SANE team members be reimbursed for "on call time" and time spent in collecting forensic evidence and care of sex assault survivors? How will the SANE team members be reimbursed for required meetings, peer review or outreach education?

3. Describe potential evaluation tools and methods to determine the success of the SANE program in your community.

- a. What outcomes will be evaluated in the first year of the SANE program?

- b. How will the outcome data and information be organized and accumulated?

- c. Who will be responsible for submitting the data every quarter to the Statewide SANE Coordinator?

Thank you for taking the time to complete this application. Please attach the signed, Memorandum of Understanding & include letters of support from key agencies not represented on the Community Advisory Board

COLORADO SANE PROGRAM RECOMMENDATIONS for CLINICAL & OPERATIONAL STANDARDS

- ❖ Sexual Assault Nurse Examiners should meet requirements for a minimum of 3 years of clinical experience in direct patient care in the areas of emergency nursing, pediatrics, women's health or an acute/critical care practice & complete Colorado SANE education.
- ❖ Physician Advisors must be licensed to practice medicine in the state of Colorado, currently involved in the practice & provision of medical services in an acute or primary care area.
- ❖ SANE programs should have use of a photo colposcope within 90 days of completed classroom education.
- ❖ Clinical hours should be completed within 6 months following the classroom and didactic training.

The following clinical recommendations should be addressed before the SANE program begins to provide services:

- ❖ The required adult and pediatric clinical hours, for speculum and well child exams must be completed with a physician, pediatrician or nurse practitioner.
- ❖ The 10 sexual assault exams on children ≤ 12 years of age and 6 sexual assault exams on women greater than 12 years of age, utilizing forensic collection kits that are required as clinical experience must be performed with an experienced physician or practicing sexual assault nurse examiner.
- ❖ Implementation of clinical protocols for the care of the sexual assault survivor to include both adults and children, based on nursing standards of care and authoritative resources. These protocols should be in place, approved by the Physician Advisor and reviewed by the nurse examiners before the site begins to function and provide services.
- ❖ Development of standing orders, by the Physician Advisor in cooperation with the nurse examiners to provide availability of prophylactic antibiotics, and emergency contraception
- ❖ Implementation of a forensic chart for documentation of nurse examiners at each site
- ❖ Development of protocol to provide for treatment referral for findings that necessitate medical intervention
- ❖ Securing appropriate equipment, medication, supplies and clothing to be on site prior to initiating exams. This includes forensic kits, oral antibiotics, oral pregnancy prophylaxis,

- ❖ speculums, colposcope and appropriate culture media for use with children if indicated.
- ❖ Selection of a SANE site clinical coordinator. This coordinator must be a Registered Nurse with an active license in the state of Colorado. It is recommended that the coordinator have a Bachelors degree in nursing. In addition, the nurse coordinator must have received Colorado SANE education. The SANE program clinical coordinator should be selected based on input from the SANE clinicians and physician advisor.
- ❖ Agreement with advocates in each community as to their notification, response and utilization
- ❖ Development of standards for continuing education of SANE practitioners and a tool for forensic chart evaluation and peer review to include critique of photo colposcopic photos

**Completion of all objective criteria as listed in training manual syllabus for both adult and pediatric survivors of sexual assault should be completed prior to initiation of the SANE program. SANE practitioners should maintain a log of their clinical hours, signed off by the physician or nurse preceptor and on file with the SANE program coordinator prior to practicing independent exams.

**IAFN and APSAC membership is recommended within 6 months of SANE training.

*Colorado SANE programs should be available to network with other programs, assist in providing clinical experience & mentoring future SANE clinicians.

COLORADO SANE SITE OPERATIONAL RECOMMENDATIONS

- ❖ Actively collaborate with health care facilities & providers, victim advocates, prosecutors, law enforcement, social service providers & others in the community to facilitate ongoing utilization and commitment to the SANE program.
- ❖ Resumes & documentation of clinical hours must be maintained on file for all SANES
- ❖ Collect data & evaluate outcomes regarding SANE program progress and success
- ❖ Attendance of SANE team members at annual/statewide meeting & forensic continuing education.

The following recommendations for operational recommendations should be addressed before the SANE program begins to provide services:

- ❖ A safe, central, location must be accessible 24 hours a day
- ❖ Adequate SANE scheduling for daily, 24 hour coverage.
- ❖ Access to screening, emergency care & physician intervention.
- ❖ Access to a shower & changing room with appropriate clothing on site.
- ❖ A comfortable waiting environment for family & friends

These recommendations have been developed in collaboration with the Colorado SANE Advisory Board, whose members represent the Colorado Bureau of Investigation, Colorado Nurses Association, American College of Emergency Physicians, Colorado Department of Public Health & Environment, Colorado District Attorneys Council, Colorado Conference of Law Enforcement Agencies, Sexual Assault Nurse Examiners & the Colorado Coalition Against Sexual Assault

Reviewed 1/2005

SANE/PHYSICIAN ADVISOR

COLLABORATION RECOMMENDATIONS & RESPONSIBILITIES

Nursing Practice

According to the regulatory authority of the State Board of Nursing and the Colorado Nurse Practice Act, the “Practice of Professional Nursing” means the performance of both independent nursing functions and delegated medical functions in accordance with accepted practice standards. Such functions include the initiation and performance of nursing care through health promotion, supportive or restorative care, disease prevention, diagnosis and treatment of human disease, ailment, pain, injury deformity and physical or mental condition using specialized knowledge, judgement and skill involving the application of biological, physical, social and behavioral science principles required for licensure as a professional nurse.

The practice of professional nursing shall include the performance of such services as:

- Evaluating the health status through the collection and assessment of health data
- Health teaching & health counseling
- Providing therapy & treatment that is supportive & restorative to life & well being either directly to the patient or indirectly through consultation with, delegation to, supervision of or teaching of others
- Executing delegated medical functions
- Referring to medical or community agencies those patients who need further evaluation or treatment
- Reviewing & monitoring therapy & treatment plans

A Physician Advisor is a physician who establishes with the sexual assault nurse examiners, standing orders for delegated medical functions in the treatment of adult and child sexual assault survivors. These standing orders specifically include the administration of medication for prevention of sexually transmitted disease and pregnancy. In addition, the physician advisor and

the sexual assault nurse examiners will develop a protocol that will address conditions of patient health status that will warrant referral to or intervention of a physician provider.

Qualifications of the Physician Advisor;

A physician advisor shall possess the following minimum qualifications;

- 1) Be a physician currently licensed to practice medicine in the state of Colorado;
- 2) Be currently involved in practice & provision of medical services in the acute or primary care arena, preferably emergency medicine, pediatrics or women's health;
- 3) Be familiar with the standards of forensic evidence collection;
- 4) Be familiar with the Colorado Nurse Practice Act and the performance of services included in the practice of professional nursing.
- 5) Be willing to attend Colorado SANE education.

Responsibilities of the Physician Advisor;

The responsibilities of the Physician Advisor shall include;

- 1) Develop with the sexual assault nurse examiner team, standing orders for medical delegation to include the appropriate administration of medication for sexually transmitted disease and pregnancy prophylaxis, as well as guidelines for physician intervention and/ or referral.
- 2) Be available for involvement & consultation on issues of quality improvement & outcome evaluation, continuing education, changes in protocol or clinical scenarios requiring medical expertise

Definitions;

*Diagnosing, the use of professional nursing knowledge and skills in the identification of, the discrimination between physical & psychological signs or symptoms to arrive at a conclusion that a condition exists for which nursing care is indicated or for which referral to an appropriate medical or community resource is required.

*Delegated medical function, an aspect of care which implements & is consistent with the medical plan as prescribed by a licensed or legally authorized physician

*Physician Advisor, a physician who establishes protocols & standing orders for delegated medical function, performed by a licensed, registered nurse.

*Standing order, written authorization by a physician for the performance of specific, delegated, medical function by a licensed, registered nurse.

*Protocol, written standards for nursing assessment and patient management.

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State Board of Nursing, Department of Regulatory Agencies. (1995). Colorado Nurse Practice Act. Denver, CO

These recommendations were developed in collaboration with the Colorado SANE Advisory Board whose members represent the Colorado Bureau of Investigation, Colorado Nurses Association, American College of Emergency Physicians, Colorado Department of Health & Public Environment, Colorado District Attorneys Council, Colorado Conference of Law Enforcement Agencies, & the Colorado Coalition Against Sexual Assault

INTERVIEW QUESTIONNAIRE
 Position: Sexual Assault Nurse Examiner Candidate

Name of Candidate: _____

Appt. Date: _____

Time: _____

Evidence of Experience/Knowledge/Ability

5 = Extensive 4 = Very Skilled 3 = Adequate 2 = Minimal 1 = None
(+ or -) = Ability to Learn N = Not enough information NA = Not Applicable

Question/Answer	Skill Level Demonstrated
Q 1. Tell us about your professional nursing experience & personal strengths. <i>Evaluate professional appearance, timeliness at interview, preparation of resume and years of experience in similar position(s) or forensic nursing skill set.</i>	Q 1. _____
Q 2. What are the reasons you would like to practice as a Sexual Assault Nurse Examiner?	Q 2. _____
Q 3. <i>What would you identify as your strengths & weaknesses?</i>	Q 3. _____
Q 4. Give an example of a clinical situation(s) in which you function autonomously	Q 4. _____
Q 5. What contributions might you make to the Sexual Assault Nurse Examiner team?	Q 5. _____

Evidence of Experience/Knowledge/Ability

5 = Extensive 4 = Very Skilled 3 = Adequate 2 = Minimal 1 = None
(+ or -) = Ability to Learn N = Not enough information NA = Not Applicable

Q 6. <i>Can you describe experiences you have had in providing education/presentations/public speaking?</i>	Q 6 _____
Q 7. How would taking 72-96 hours of 'call' per month impact your personal & professional schedule?	Q 7. _____
Q 8. What are some examples of ways you are involved in collaborative relationships in your current practice?	Q 8 _____
Q 9. What patient teaching needs to occur with the administration of Plan B? List examples of ethical issues that may arise regarding Emergency Contraception.	Q 9. _____
Q 10. Looking at this monthly schedule, what 6-12 hour shifts might work for you to be on call?	Q10. _____
What questions do you have? Comments:	_____ Score

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