

There is a critical shortage of Sexual Assault Nurse Examiners (SANEs) in Pennsylvania.

Innovative solutions are needed to increase the SANE workforce and encourage hospitals to build and sustain SANE teams.

THE PROBLEM

- Sexual assault (SA) victims require an array of services including a compassionate, trauma-informed response, evaluation and treatment for injury and infection, mental health support, forensic evidence collection and documentation, and coordination with other agencies.¹
- SANEs are registered nurses with specialized training in the provision of specialized health care services to victims of sexual assault.²⁻⁴
 - Research has shown that **trauma-informed, person-centered care delivered by SANEs** results in:
 - Improved psychological well-being of sexual assault survivors^{5,6}
 - Increased quality of medical treatments^{3,4}
 - Positive impacts on prosecutorial outcomes pertaining to sexual assault survivors⁷⁻⁹
- When hospitals do not have a trained SANE team, emergency department providers (e.g., physicians, advance practice providers) with no training in sexual assault care conduct the examination OR victims are turned away and told to seek care at another facility.^{4,10,11}
 - When a victim is turned away, they are likely to go without care
 - When SA survivors receive care at hospitals without SA expertise, they are at risk of receiving inappropriate or substandard care and the forensic evidence needed for successful prosecution may be of poor quality or lost
 - Additionally, “**secondary victimization**,” or the additional trauma survivors of SA may experience as a result of poor care may occur.¹⁰

SHORTAGE OF SANES

A lack of SANE trained nurses and SANE coverage leads to inequitable care for victims of sexual assault in Pennsylvania, especially those living in rural counties.

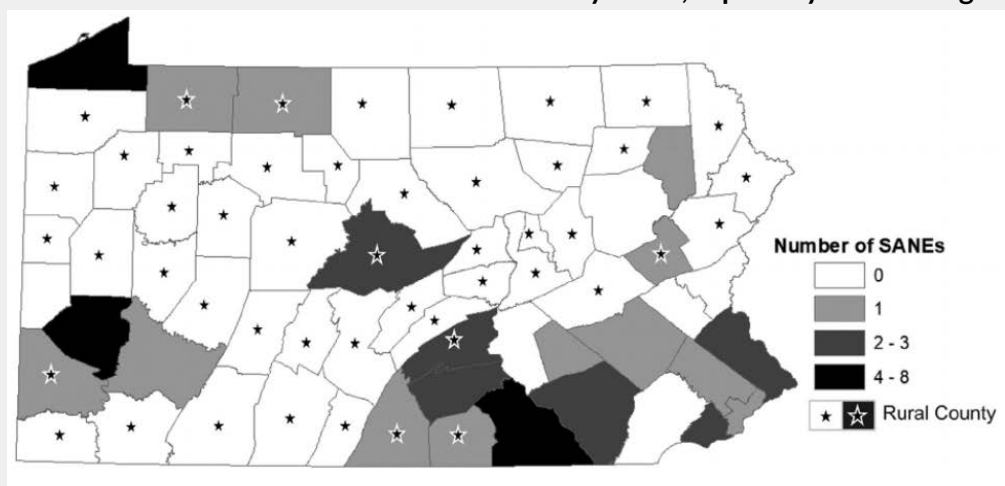


Figure 1. Distribution of IAFN-Certified SANEs in Pennsylvania¹

There are only **49** certified SANEs to serve PA's **67** counties*^{1,12}

*Based on data collection from 2020. These numbers may fluctuate.

FACTORS CONTRIBUTING TO THE SHORTAGE OF SANES

Limited availability of SANE training

- SANE programs vary substantially in training and ongoing education requirements^{4,13}

Lack of oversight

- No regulatory oversight regarding who can provide adult and adolescent sexual assault care and the quality of sexual assault care¹

Lack of compensation and support

- Payment structures for sexual assault care provision are established at the state level^{14,15}
 - In Pennsylvania, hospitals are compensated up to \$1,000 through Victims Compensation Assistance Program (VCAP)
 - Hospital costs to have a comprehensive SANE response for victims is far greater than reimbursements and they are unable to bill insurance due to Federal legislation to protect victims

Low SANE retention rates

- SANEs are often not paid to be on-call similar to other services that require a 24/7 response¹⁶
- Nurses often seek out and pay for SANE training on their own (may not be supported by their hospitals)
- Nurses in rural areas work in isolation and may be the only provider with training, with little access to expert peer review (gold standard of care)¹⁷
- Burnout
 - SANE work is emotionally burdensome. Nurses in areas with limited SANE availability may be the sole response for their community, meaning they are always on call in addition to their regular role.¹⁷

ADDRESSING GAPS IN THE SANE WORKFORCE

Live Telehealth Mentoring

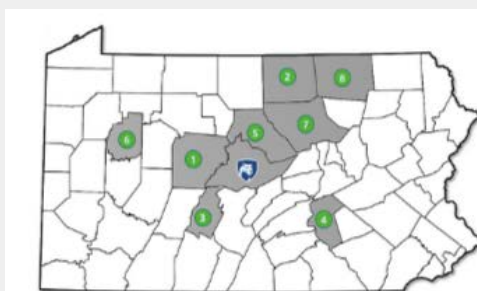
- Build sexual assault response teams by providing comprehensive training followed by live telehealth mentorship
- Utilize state of the art technology that fosters mentoring during live examinations

The SAFE-T Center

- The **Sexual Assault Forensic Examination Telehealth (SAFE-T) Center** was launched in 2017 with support from the Department of Justice (DOJ), Office for Victims of Crime (OVC) as a solution to enhance access to high quality SA care in underserved communities.¹⁸
- SAFE-T aims to decrease disparities in quality of forensic SA care in underserved communities by providing expert, live, interactive mentoring, quality assurance, and evidence-based training to less experienced nurses via telehealth technology.
- When a SA examination is performed at one of our eight partner hospitals, one of SAFE-T Center's expert SANEs (TeleSANEs) provides real-time support to both the on-site nurse and the patient, ensuring best practices, proper evidence collection and a supportive environment exist for the patient.

The SAFE-T Center has helped to alleviate barriers associated with SANE shortages by:

- Increasing SANE workforce by 700% in service areas
- Expanding access to 24/7 SANE coverage
- Retaining 75% of nurses 1 year post-SAFE-T implementation
- Increasing quality of medical forensic exams and local SANE confidence



↑ 700%

56 new SANEs, a 700% increase across SAFE-T Center service area

REFERENCES

1. Thiede, E., & Miyamoto, S. (2021). Rural Availability of Sexual Assault Nurse Examiners (SANEs). *The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association*, 37(1), 81–91. <https://doi.org/10.1111/jrh.12544>
2. United States Department of Justice Office on Violence Against Women. National Training Standards for Sexual Assault Medical Forensic Examiners. Washington, DC, US Dept of Justice; 2018. <https://www.justice.gov/ovw/page/file/1090006/download>.
3. Ciancone AC, Wilson C, Collette R, Gerson LW. Sexual assault nurse examiner programs in the United States. *Ann Emerg Med*. 2000;35(4):353-357. [https://doi.org/10.1016/S0196-0644\(00\)70053-9](https://doi.org/10.1016/S0196-0644(00)70053-9)
4. Campbell R, Townsend SM, Long SM, et al. Responding to sexual assault victims' medical and emotional needs: a national study of the services provided by SANE programs. *Res Nurs Health*. 2006;29(5):384-398. <https://doi.org/10.1002/nur.20137>
5. Campbell R. The psychological impact of rape victims' experiences with the legal, medical, and mental health systems. *Am Psychol*. 2008;63(8):702-717. <https://doi.org/10.1037/0003-066X.63.8.702>
6. Ericksen J, Dudley C, McIntosh G, Ritch L, Shumay S, Simpson M. Clients' experiences with a specialized sexual assault service. *J Emerg Nurs*. 2002;28(1):86-90. <https://doi.org/10.1067/men.2002.121740>
7. Campbell R, Patterson D, Bybee D. Prosecution of adult sexual assault cases: a longitudinal analysis of the impact of a sexual assault nurse examiner program. *Violence Against Women*. 2012;18(2):223-244. <https://doi.org/10.1177/1077801212440158>
8. Sievers V, Murphy S, Miller J. Sexual assault evidence collection more accurate when completed by sexual assault nurse examiners: Colorado's experience. *J Emerg Nurs*. 2003;29(6):511-514. <https://doi.org/10.1016/j.jen.2003.08.010>
9. Campbell R, Patterson D, Lichty LF. The effectiveness of sexual assault nurse examiner (SANE) programs. *Trauma, Violence, Abus*. 2005;6(4):313-329. <https://doi.org/10.1177/1524838005280328>
10. Campbell R, Raja S. Secondary Victimization of Rape Victims: Insights From Mental Health Professionals Who Treat Survivors of Violence Article in *Violence and Victims* . 1999. doi:10.1891/0886-6708.14.3.261
11. Bashshur RL, Shannon GW, Krupinski EA, et al. NATIONAL TELEMEDICINE INITIATIVES. *Telemed e-Health*. 2009;15(6):600-610. doi:10.1089/tmj.2009.9960
12. Kaplan, A., Wong, W., Keyes, A., & Beck, C. (2021, January 04). After a sexual assault, where can you get a medical and forensic exam? Retrieved January 19, 2021, from <https://www.nbcnews.com/health/sexual-health/after-sexual-assault-where-can-you-get-medical-forensic-exam-n1240035>
13. Clowers N. Sexual assault: information on the availability of forensic examiners. *Justice Law Enforc Rep*. 2018;2019:279-292.
14. Manual for Compensation Assistance, Victims Compensation Assistance Program. Harrisburg, PA: Pennsylvania Commission on Crime and Delinquency Office of Victims' Services. Available at <http://www.dave.pa.gov>. Accessed November 12, 2020.
15. Tennessee AM, Bradham TS, White BM, Simpson KN. The monetary cost of sexual assault to privately insured US women in 2013. *Am J Public Health*. 2017;107(6):983-988. <https://doi.org/10.2105/AJPH.2017.303742>
16. Logan TK, Evans L, Stevenson E, Jordan CE. Barriers to services for rural and urban survivors of rape. *Journal of interpersonal violence* 2005;20(5):591-616
17. Maier SL. The emotional challenges faced by Sexual Assault Nurse Examiners: "ER nursing is stressful on a good day without rape victims". *J Forensic Nurs*. 2011;7(4):161-172. doi: 10.1111/j.1939-3938.2011.01118.x
18. Miyamoto, S., Thiede, E., Dorn, L., Perkins, D.F., Bittner, C. and Scanlon, D. (2020). The Sexual Assault Forensic Examination Telehealth (SAFE-T) Center: A Comprehensive, Nurse-led Telehealth Model to Address Disparities in Sexual Assault Care. *The Journal of Rural Health*. doi:10.1111/jrh.12474

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