Sexual Assault Nurse Examiner (SANE) Engagement

On April 17th, individuals engaged in a virtual guided discussion to gain preliminary insight from Sexual Assault Nurse Examiners (SANEs). The major themes and discussion points are included below.

**Barriers to understanding importance of, access to medical evaluation**

- Child welfare and law enforcement will say “we don’t need a medical”
- Legal teams “just are not pediatric experts and need a lot of education” so need to “partner with them”. DAs, law enforcement, child welfare and others are “just not physicians, nurses who do the work” so can be very unfamiliar what is “normal”. Ensure that those “advocating for children” understand “children physical examination findings” and “normal anatomy”
- “Lots of barriers to getting kids exams”, including just basic understanding of what happens in an exam. “I am not doing a speculum exam on a 4 year-old”
- We have “not done a good job with all the other partners about the reason for the medical evaluation”
- Exam declining is “such a huge issue”
- Limitations in a CAC setting (i.e., physical abuse needs a skeletal survey, STI screening) so where is “fine line” where you need to send to a formal medical setting
- Need “to revisit” who is having that conversation especially if the person engaging with families have little (or no) medical background

**Who is able to do the evaluation**

- Focus at this forum is about the number of child abuse pediatricians and then the nursing piece drops off
- Need a culture of physicians that say nurses are a big part of the answer and I will support them to do this work
- Look at number of certified SANEs and address the “push back” about the “huge gaps” in people who can provide care and the “who’s good enough to do the work”
- Lot of registered nurse trained SANEs, but some think it needs to be a nurse practitioner (NP) but that “might not be realistic”. Have nurses who are doing the training but then encountering barriers to getting work, to “feeling supported”
- Need to focus on “we need people to do the work and need to support them to do it”
- Having an NP at a CAC is important because, if supported by a physician, could do neglect, physical abuse exams as well as very timely evaluations if a child is put into placement even short term
- Difficult right now in terms of sufficient supports for nurses to learn to become a pediatric SANE (SANE-P)
- Need to consider access to peer review and resources
- Need for “nurses to be supported in the work”
- There is “not an open invitation to join this work”
- Everything is “so disjointed”. We have so many people doing “very similar work but not at same table to information share and problem solve.” Some professionals are connected to PA Chapter of International Association of Forensic Nurses (IFAN), physicians have Helfer and other subgroups of America Academy of Pediatrics (nurses, physician assistant can’t be a full member), pediatric nurse practitioners, physician assistants are doing this work but can’t take a SANE certification test. “Nothing that exists in our state that is bringing all those people to the table and sharing information”
**Funding**

- Challenge in how often children’s advocacy centers (CACs) are open for medical portion only 1-2 days, there isn’t a full component. This part-time approach impacts recruiting and retaining nurses
- Other states have contracts to keep the doors open, to have a full-time nurse on staff
- Need funding to have it “make sense for nurses to step into this arena and be part of the solution”
- Nurse practitioner can bill for a visit
- Billing the state for victim’s compensation is “not a simple process”
- Funding for direct clinical care and also peer review and resources
- From inpatient perspective, need resources for medication
- Look to other states to see if funding the work differently impacts decisions and connection to exams specific reference to California.

✓ **NOTE:** By statute in 1995, California established the California Clinical Forensic Medical Training Center (CCFMTC) providing for a single “designated hospital-based training center for forensic medical exams”. The Center “increases access for victims of interpersonal violence and abuse to specially trained healthcare professionals who can not only address medical and emotional needs, but also the forensic needs of the criminal justice system.” The training center provides for “expertise and experience in providing medical evidentiary examinations for victims of child abuse or neglect, sexual assault, domestic violence, elder abuse, and abuse or assault perpetrated against persons with disabilities.”[1] The statute defines medical personnel to include: “physicians, nurse practitioners, physician assistants, nurses, and other health care providers, as appropriate.” In 2022, California released a funding proposal (for up to $942,523 for a hospital-based training center) “to ensure forensic examinations are conducted in a standard and consistent manner throughout California. This is accomplished through the development of standardized forms, protocols, and training for forensic medical examiners, law enforcement, prosecutors, and court personnel.”[2] There are standardized protocols and forms for child sexual abuse, physical abuse and neglect.[3]

**Data and research**

- We need to know the results of the Sexual Assault Testing and Evidence Collection kits in order to see “what we are doing for pediatric patients” (i.e., timeline for evidence collection, treatment for STI and results of infections). Getting results of kits would “trickle down to set best practice”. We need to know “what we are doing is appropriate for these patients”
- Getting access to (deidentified data) from the crime lab would give some insight to “core data”. Without such data and research, we will “struggle to improve practice”. It will move us to “research, evidence based”
- Propose some type of “research study” in the Child Abuse Medical Forum strategic plan
- MDIT specific responses within the needs base plan and budget was “very enlightening”. It had a lot of “really good information to point out how different areas practice and the problems they have.” What was most apparent is such “variation” across the state in MDITs. “Eye opening document” worth sharing

1 California Penal Code Sec. 13823.93  
3 https://www.ccfmtc.org/forensic-medical-examination-forms/