2016 Recommendations

Membership

- Tari Allan
- Teresa Andersen
- Meg Baldwin
- Jennifer Benton
- Nicole Bishop
- Michelle Crum
- Lui Damiani
- Michelle English
- Kelly Franklin
- Crystal Kelley
- Kathleen Kempke
- Morgan Moeller
- Noelle Polk Clark
- JoEllen Revell
- Jaimee Sellers
- Rob Shelt
- Sandy Steblin
- Shirley Webb
- Julieta Wenk
- Eileen Wesley
- Cathy Wilson

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Executive Summary

The Statewide SART (Sexual Assault Response Team) Advisory Committee is a statewide group coordinated by the Florida Council Against Sexual Violence (FCASV) and comprised of representatives from a broad range of disciplines whose work brings them into contact with rape survivors. The committee works to assess and improve Florida’s response to survivors of sexual violence at the state and local level.

In the 2015-2016 year, FCASV commenced a special session of the Statewide SART, focusing its efforts exclusively on sexual assault forensic exam program administration and management. Membership for the 2015-2016 year was comprised primarily of experts who manage and administer forensic exam programs that are led by certified rape crisis programs.

The following recommendations and resources are intended to communicate best practices among forensic exam programs. While no community is compelled to adopt these recommendations, the Statewide SART Advisory Committee provides these recommendations based on extensive research and consultation with experts in the field. The underlying theme in all of the recommendations and resources is the importance of building the capacity of forensic exam programs to address the diverse needs of sexual assault survivors.

The Florida Council Against Sexual Violence commends the hard work and dedication of the SART Advisory Committee members. We encourage policy makers and community leaders to enact these recommendations and share these resources in order to provide victims of sexual violence the response they deserve, and the services they need to overcome the trauma of rape.

Florida Council Against Sexual Violence
1820 E. Park Avenue, Suite 100
Tallahassee, FL 32301
www.fcasv.org
850-297-2000
Fiscal and Facilities Management Subcommittee

The Fiscal and Facilities Management Subcommittee focused on addressing issues that agencies have experienced regarding the management of sexual assault nurse examiner (SANE) programs. The subcommittee conducted a survey to gather information on SANE funding sources, compensation of SANE, management, start-up, administration costs and the need for the development of standards for forensic exam service delivery. In February 2016, the survey was sent out via two listservs moderated by FCASV, one for the directors of Florida’s certified sexual assault programs (certifiedflrcc@lists.fcasv.org) and one for other interested individuals who have signed up to receive email communications from FCASV (stoprapefl@lists.fcasv.org).

Information identified from the survey responses included:

- Costs to run a SANE program;
- Funding sources for running a SANE program;
- Grant-allowable costs for SANE programs;
- Current standards for SANE programs.

The 2015-2016 goals and outcomes of the subcommittee are detailed below.

**Goal 1: Complete a statewide assessment on the operations and expenses of SANE programs to determine the average cost of running a program.**

Out of 26 survey responses, the majority (53.8%) reported receiving funding from the Florida Office of the Attorney General (OAG) or forensic medical exam reimbursement. Other significant funding sources were FCASV-administered grants, local government funding, and private donations (26.9% respectively). In-kind sources made up 23.1%, while Florida Department of Health grants, federal government funding, and major donor/foundations totaled 15.4% of the funding. The responses support the notion that the Office of the Attorney General, Crime Victim Compensation Fund is the primary funding source for SANE programs around the state, and that local government and hospitals are not primary funders, though they direct victims/survivors to freestanding facilities to have exams performed.

As demonstrated by the charts provided, survey responses indicated that SANEs are compensated very differently around the state for various duties essential to SANE program operations, including conducting exams, providing on-call coverage, SART/training attendance, and testimony/deposition. Depending on number of exams conducted per jurisdiction, SANE compensation can greatly impact the cost of operating a SANE program.
Fiscal and Facilities Management Subcommittee

Table 1: SANE COMPENSATION RATES

Regarding program administration, the costs for Program Director, Manager, Secretary, and Medical Director were also varied, as indicated in Table 2 below.

Table 2: COSTS FOR FORENSIC EXAM ADMIN STAFF
Fiscal and Facilities Management Subcommittee

Due to vast differences in the individual sexual assault programs reporting and types of programs operated, the subcommittee conducted a subsequent sample survey of four programs in four urban areas of the state, collecting information on actual budget expenses, in-kind expenses, and revenue. Of the four programs surveyed, two received significant in-kind contributions that defrayed the high cost of necessary expenses such as facility lease and contracts with a medical director, etc. For these two programs, the in-kind expenses were calculated in the total expenses when figuring the cost per exam.

While total budgets and expenses varied among the programs, the average cost for a program to conduct an exam is $1,151. The reimbursement from the OAG (the primary source of funding for a majority of programs) is $500 per exam, which is only 44% of the total average cost of conducting a sexual assault forensic exam.

That there are significant differences in operational structure supports the notion that each individual site must be able to function in a way that meets community needs and agency budget constraints, while maintaining a set of minimum standards to ensure the best possible services for survivors in Florida.
Fiscal and Facilities Management Subcommittee

Goal 2: Explore legislative options based on the outcome of Goal 1.

Per Florida Statute 960.28:
(1) A medical provider who performs an initial forensic physical examination may not bill a vic-
tim, or the victim’s parent or guardian if the victim is a minor, directly or indirectly for that examina-
tion.

(2) The Crime Victims’ Services Office of the department shall pay for medical expenses con-
nected with an initial forensic physical examination of a victim of sexual battery as defined in chapter
794 or a lewd or lascivious offense as defined in chapter 800. Such payment shall be made regardless
of whether the victim is covered by health or disability insurance and whether the victim participates in
the criminal justice system or cooperates with law enforcement. The payment shall be made only out
of moneys allocated to the Crime Victims’ Services Office for the purposes of this section, and the pay-
ment may not exceed $500 with respect to any violation.

The last substantive change to Fla. Stat. 960.28(2) was in 2007 when Florida passed legislation
to increase the forensic exam reimbursement from $250 to $500 and removed the requirement that a
victim report to law enforcement in order to obtain an exam without cost to them. Given the increase
in associated costs since the last increase, the increase in SANE programs in Florida and the concerted
effort to standardize care throughout the state, exploring an increase in the rate of reimbursement
would help sexual assault programs support the operation and growth of SANE programs. In FY 2014-
2015, $2,725,215 was paid out for all 20 judicial circuits for sexual battery forensic exams from the
Crimes Compensation Trust Fund.

The Urban Institute published a study in 2014 entitled Sexual Assault Medical Forensic Exams
and VAWA 2005: Payment Practices, Successes, and Directions for the Future. This research was
funded by the National Institute of Justice (NIJ) and conducted by the Urban Institute in partnership
with George Mason University, and the National Sexual Violence Resource Center (NSVRC) to examine
how states are meeting the goals of VAWA provisions regarding medical forensic examinations. Ac-
cording to the Urban Institute, victim compensation funds are the largest designated source of funds to
pay for medical forensic exams across the United States, and compensation fund administrators are
most likely to be the designated paying agency (whether using compensation funds or a special funding
source). Two-thirds of states use compensation funds to pay for at least some exams, and more than
one-third use only these funds to pay for exams. No other funding source is tapped so heavily for this
purpose.
One of the conclusions of the study was that several complications may arise around payment policies and practices. One important issue is that the amounts covered by public payment sources often fall short of the actual costs of providing the exam. It can be difficult for hospitals or other organizations to provide adequate levels of service—including specially trained staff using specialized equipment—when they lose money on every exam they provide. This finding is also true for Florida programs and therefore a consolidated effort should be made at working to increase the reimbursement rate. **Source:** Zweig, J., Newmark, L., Darakshan, R., Denver, M., (2014) *Sexual Assault Medical Forensic Exams and VAWA 2005: Payment Practices, Successes, and Directions for the Future.*

The last substantive change to Fla. Stat. 960.28(2) was in 2007 when Florida passed legislation to increase the forensic exam reimbursement rate from $250 to $500 and removed the requirement that a victim report to law enforcement in order to obtain an exam without cost to them.

The Florida Attorney General’s Office agrees that the $500 reimbursement rate is not enough to cover costs associated with the initial forensic physical examination. However, increasing the reimbursement rate would require a statutory revision and budget solvency. Therefore, it is recommended that the FCASV Executive Director reach out to Division of Victim Services Director to discuss the fiscal impact of an increase and a legislative agenda.
The third goal of the Fiscal and Facilities Management Subcommittee was to propose guidelines for the running of SANE programs. To accomplish this goal, the subcommittee reviewed and evaluated two already established documents: “Model Forensic Facility Recommendations” drafted by the 2014-15 Statewide SART and “Medical Intervention/Forensic Evidence Collection” found within the Certification Standards Manual for certified sexual assault programs.

The 2015-2016 Statewide SART collectively constructed a survey titled “Forensic Exam Program Administration and Management Survey” that encompassed questions pertaining to this year’s topic: SANE Program Administration. The survey was circulated to all Florida certified sexual assault programs to further disseminate to administrators and managers of forensic exam programs. Among the survey questions, one question asked “Do you believe that FCASV should develop certification standards specific to forensic exam service delivery and oversight at certified sexual assault programs?” Of the 29 survey respondents, 26 answered this question, with results as follows: 53.85% (14 respondents) answered “Yes”; 26.92% (7) answered “No”; 19.23% (5) answered “Unsure.” The members of this subcommittee recommend the development of certification standards specific to forensic exam service delivery and oversight at certified sexual assault programs. A victim of sexual assault should be provided the same quality of care at any forensic exam facility in the state of Florida. The 2015-2016 Statewide SART Fiscal & Facilities Management Subcommittee recommends “Model Forensic Exam Facility Recommendations” as the best practice standard for SANE programs.

Because the SW SART Fiscal and Facilities Management Subcommittee is comprised of certified sexual assault program administrators who oversee the running of SANE programs, we have developed minimum standards for the running of a SANE program. Many of these recommendations are taken directly from the “Model Forensic Exam Facility Recommendations” Guidance Paper, and the “Medical Intervention/Forensic Evidence Collection” Enhanced Service Certification Manual, while other recommendations included in this document are new. Recommendations are made for both hospital-based programs and free-standing forensic exam facilities.
Regarding the Facility/Exam Room:

The facility should be located within a healthcare agency, hospital, or free standing clinic that provides SANE-trained examiners for the purpose of the medical forensic examinations. The ideal examination area should be designated for the purpose of the medical forensic examination of individuals reporting sexual assault and should be separate from the Emergency Department or other agency services, with access to the resources of the certified sexual assault program.

Facilities used for medical forensic examinations should consist of:

- An examination room
- An interview area separate from the exam room
- A waiting area to accommodate law enforcement, family members, etc.
- A bathroom with shower facilities and toiletries for the patient
- New clothing for the patient

Hospital-Based Forensic Examination Program

Logistical/Practice Considerations For Exam Facility

Recommended Protocols

- Sexual Assault Response Team (SART) protocol establishing procedure, call out, response time, etc.
- Triage protocols
- Drug Facilitated Sexual Assault (DFSA) protocol
- Care of pregnant patient reporting sexual assault
- Medication administration protocols
- Evidence collection, preservation and packaging protocols – including storage and chain of custody for non-report cases
- Incapacitated patient consent protocol
- Strangulation policy
- Referral protocols/policies
- Transport of patient as contingency for times of increased volume/diversion
- Forensic examiner conflict of interest
- Documentation protocols
- Medical informed consent policy that includes establishing and determining capacity to consent
- Minor consent policy
- STI and pregnancy prophylaxis protocols
- Protocols for availability of medical personnel to receive, respond to and testify for subpoenas and depositions
Fiscal and Facilities Management Subcommittee

The SW SART F&F Subcommittee recommends all established protocols and policies be reviewed annually and updated, if necessary.

**Equipment safety/servicing/calibration**
Establish procedures for annual/semi-annual biomedical evaluations of any equipment that is used for patient care, i.e. colposcopes, automatic BP machines, etc.

**Cleaning of Examination Room**
- Cleaning of room should follow agency protocols to decrease contamination in regards to pathogens (approved cleaning solutions, etc.).
- Cleaning to decrease cross contamination in regards to DNA, should include the same cleaning solutions and also involve vigorous wiping/rubbing (to facilitate removal of DNA sources). All potential areas of contact should be cleaned (i.e. exam table, door knobs, chairs, etc.).
- Swab dryers. Electric swab dryers are not recommended due to high probability of cross contamination. If such dryers are utilized, stringent cleaning protocols should be in place between exams. Only dryers from forensic companies that provide cool passive air circulation should be considered.

**Examiner Training**
Each Provider shall be, at a minimum, a registered nurse and shall have at least 2 years' experience in emergency medicine, obstetrics and gynecology or forensic nursing and
- Documented completion of a sexual assault forensic medical examination program approved by the FCASV.
- Documented completion of colposcope/medscope orientation and demonstrated competence with the equipment.
- Documented completion of the observation of 2 sexual assault exams.
- Documented completion of 2 sexual assault exams under supervision.
- In order to maintain competency, providers shall perform at least 5 exams annually; provide documentation indicating attendance of 10 hours of continuing education programs annually including in-service training and/or attendance at conferences (forensic, nursing and/or sexual assault); maintain licensure; participate in peer chart review, and in the local Sexual Assault Response Team and other collaborative efforts.
- Providers shall be knowledgeable of and adhere to the most recent version of the Adult and Child Sexual Assault Protocols developed by the Office of the Attorney General (last revised April 2015).

Agency-specific annual requirements for continuing education and competency should be in place and provided for examiners to ensure practice remains current.
Clinical Coordinator Qualifications
The clinical coordinator will be one of the following:
- An active unrestricted licensed registered nurse (RN) with SANE certification and a minimum of 2 years’ active practice in forensic examinations, with proof of validation of competency.
- An active unrestricted Advanced Registered Nurse Practitioner (ARNP) with SANE certification (or other forensic certification).
- An active unrestricted Advanced Registered Nurse Practitioner (ARNP) with a minimum of 2 years’ active practice in forensics and proof of competency validation.

Chart Audit for Quality Assurance
- Chart audit to maintain quality should be conducted on a frequent basis (i.e. monthly).
- Examiners should be provided feedback from chart reviews.

Reimbursement Procedures from the Florida Office of the Attorney General (OAG)
The Bureau of Victim Compensation pays for medical expenses connected with the initial forensic physical examination of a victim of sexual battery or a lewd or lascivious offense. Payments are awarded regardless of whether the victim is covered by health or disability insurance. Payments are not contingent on the victim’s participation in the criminal justice system or cooperation with law enforcement. Submission of the claim form and invoice must be submitted to the department within 120 days of the exam for reimbursement, and the payment may not exceed $500 with respect to any violation. The victim must not be billed directly or indirectly for expenses associated with the examinations.
Fiscal and Facilities Management Subcommittee

Free Standing Forensic Examination Program

Logistical/Practice Considerations For Exam Facility

Health Code Compliance

- Meet with representative of the local Health Department to apply for bio-hazardous generator permit
- Devise plan for bio-hazardous waste and have manual available for inspection (see DOH website section on bio-hazardous waste)
- Devise large spill plan/response
- Designate location of bio-hazardous holding
- Devise pick up schedule, payment for biohazardous transport company, etc.
- Specification of laundering of re-usable linens, etc. (towels, sheets, bath floor mats, etc.) of contaminated items

OSHA Guidelines for Facilities Providing Healthcare-Related Services

Some basic requirements of the OSHA Bloodborne Pathogens standard include:

- A written exposure control plan, to be updated annually
- Use of universal precautions
- Consideration, implementation, and use of safer, engineered needles and sharps
- Use of engineering and work practice controls and appropriate personal protective equipment (gloves, face and eye protection, gowns)
- Hepatitis B vaccine provided to exposed employees at no cost
- Medical follow-up in the event of an “exposure incident”
- Use of labels or color-coding for items such as sharps disposal boxes and containers for regulated waste, contaminated laundry, and certain specimens
- Employee training
- Proper containment of all regulated waste

Refer to Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, published by the CDC in 2014. This guideline and others are available at [http://www.cdc.gov/HAI/prevent/prevent_pubs.html](http://www.cdc.gov/HAI/prevent/prevent_pubs.html).

Examiners

- Considerations for safety of examiners, i.e. facility safety. Plan/protocol for response to exposure to HIV, TB, hepatitis, etc., and provisions for prophylaxis and medical follow-up and testing for examiners
- Malpractice insurance if examiners are contractual
- Agency insurance for patients seen at facility
Response to emergent situation/decompensating patient

- Protocols for triaging patients – which patients should be seen at free standing clinic versus which patients should be seen in hospital emergency departments
- Intermittent treatment response until arrival of rescue
  - Ambu bags
  - Oxygen
  - AED
- Protocol for transportation of unstable patient or patient in need of immediate assessment – i.e. rescue—to include liability waiver if patient refuses transport by rescue.

Recommended Protocols

- Sexual Assault Response Team (SART) protocol establishing procedure, call out, response time, etc.
- Triage Protocols
- Drug Facilitated Sexual Assault (DFSA) protocol
- Care of pregnant patient reporting sexual assault
- Medication administration protocols
- Evidence collection, preservation and packaging protocols – including storage and chain of custody for non-report cases
- Incapacitated patient consent protocol
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Fiscal and Facilities Management Subcommittee

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- Providers shall be knowledgeable of and adhere to the most recent version of the Adult and Child Sexual Assault Protocols developed by the Florida Office of the Attorney General (last revised April 2015).

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Clinical Coordinator Qualifications
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- An active unrestricted licensed registered nurse (RN) with SANE certification and a minimum of 2 years’ active practice in forensic examinations, with proof of validation of competency
- An active unrestricted Advanced Practice Registered Nurse (APRN) with SANE certification (or other forensic certification)
- An active unrestricted Advanced Practice Registered Nurse (APRN) with a minimum of 2 years’ active practice in forensics and proof of competency validation

Chart Audit for Quality Assurance
Charts should be audited at least monthly to ensure and maintain quality. Examiners should be provided feedback from chart reviews.

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The Bureau of Victim Compensation pays for medical expenses connected with the initial forensic physical examination of a victim of sexual battery or a lewd or lascivious offense. Payments are awarded regardless of whether the victim is covered by health or disability insurance. Payments are not contingent on the victim’s participation in the criminal justice system or cooperation with law enforcement. Submission of the claim form and invoice must be submitted to the department within 120 days of the exam for reimbursement, and the payment may not exceed $500 with respect to any violation. The victim must not be billed directly or indirectly for expenses associated with the examinations.

The SW SART F&F Subcommittee further proposes implementation of an audit process to be conducted every two years by an independent auditing company to ensure compliance with minimum standards. As a part of this recommended audit process, the SW SART F&F Subcommittee further recommends creation of an annual SANE Skills Review that is mandatory for all SANE programs to administer.
I. Goals of the Subcommittee on Management of Non-Reported Sexual Assault Forensic Examinations (SAFEs):

1. Examine statewide access to medical-forensic examinations for non-reporting victims.
2. Create evidence-based best practice recommendations for storage and handling of SAFE kits unaccompanied by a law enforcement report (i.e. non-reports).
3. Provide input into legislation as a voice for certified sexual assault programs regarding untested rape kits.

II. Proposed Recommendations:

1. Collection of Evidence
   - The medical forensic examination should be performed in the same manner regardless of whether the victim reports to law enforcement or not. If the victim decides to make a law enforcement report after having an exam done, the same potential evidence and history should be available. This includes all facets: consent, physical exam, swabbings, photos, urine and blood collection as indicated by history.

2. Packaging of the potential evidence collected.

3. Labels on the inside of the kits and the bag(s) of clothing may include the name of the patient. Labels on the outside of the kits, and other potential evidence collected should not include any personal identifying information (name, address, social security number, date of birth). The label should include the date of the exam and a case identifier for retrieval or destruction purposes.
Management of Non-Reported Examinations Subcommittee

4. Storage of kits unaccompanied by a law enforcement report

- The subcommittee acknowledges the wide variation in the storage practices of evidence kits collected for a non-reporting victim. The recommendations seek to allow a degree of variation while concurrently establishing minimum standards that take into consideration all parties involved.

- When kits are stored at the certified sexual assault program:
  
  o The logistics of storing the kits should be a regularly scheduled topic of discussion among the Sexual Assault Response Team (SART) members or at a minimum among the certified sexual assault program (CSAP), law enforcement (LE), hospital and/or other involved agencies.
  
  o Secondly, each CSAP should conduct data collection regarding the number of exams conducted for non-reporting victims, number of cases that converted from non-reporting to reporting status and the length of time elapsed between exam and conversion. This data should be considered in making decisions on the length of storage time of exams collected pursuant to a non-report.
  
  o CSAPs should work with SART toward complying with the National Recommendations that non-report kits be stored at a LE facility.
  
  o The subcommittee recommends that kits be stored for a minimum of one year, though communities are encouraged to store kits until the statute of limitations has expired. If stored for less than one year, the SART should be able to provide rationale for doing so that is victim-centered and takes into consideration data on conversions from non-report to report status.

5. Destruction of the kits collected for a non-reporting victim

- When kits are stored at the CSAP:
  
  o Victims should be notified prior to the destruction of the kit and all associated items collected. Also, the CSAP should have a written process in place as to how this is accomplished including plans for when a victim requests the kit not be destroyed.
  
  o The CSAP should ensure that the process used for destruction maintains a reasonable threshold of victim confidentiality throughout the destruction process.
  
  o The subcommittee recommends that the CSAP be knowledgeable of the process used by any entity that is responsible for the destruction of evidence collected at its CSAP or by examiners employed to collect the kit for the CSAP.
  
  o The subcommittee recommends that a joint task force involving LE, victims, the State Attorney’s Office and CSAPs be created to explore this topic further.
The Statewide SART Recruitment & Retention Subcommittee, herein after referred to as the R&R Subcommittee, is comprised of nine individuals who represent six of Florida’s certified sexual assault programs (CSAPs). While their titles at their respective CSAPs differ, they all serve in administrative roles and oversee Sexual Assault Nurse Examiner (SANE) programs.

The purpose of the R&R Subcommittee was to identify a best practice strategy to be used by a SANE program for the recruitment and retention of qualified nurses. Some of the issues identified around recruitment and retention are:

- Finding effective advertising sources/techniques to reach qualified nurses
- Offering prospective nurses enough incentive to join the SANE program
- Retaining nurses after paying for their training
- Maintaining coverage for shifts to ensure there is a SANE on-call at all times
- Ensuring SANEs keep up with their required training
- Providing effective positive recognition and building the morale of SANEs

In order to fulfill the purpose of the R&R Subcommittee and improve the issues mentioned above, two surveys were developed to gather information to formulate a best practice strategy. The first survey was a collaborative effort of all of the 2015-2016 Statewide SART subcommittees and is titled “Forensic Exam Program Administration and Management Survey.” The overall survey encompassed questions pertaining to SANE program administration with questions 17-21 of the survey pertaining to recruitment and retention. The second survey was developed solely by the R&R Subcommittee to be completed by SANEs and is titled “SANE Recruitment and Retention Survey.” Both surveys were circulated to all Florida CSAPs for further dissemination to either administrators/managers of forensic exam programs (SANE programs) or SANEs.

The pertinent questions, results and a brief analysis of the surveys are provided with recommendations from the R&R Subcommittee on the following pages.
Survey 1: Forensic Exam Program Administration and Management Survey — Question 17

Rank the success of the following 7 strategies your SANE program uses to recruit new nurses. 1 represents "Most Successful" and 7 represents "Not Successful At All".

Results: 26 answered / 3 skipped

Survey 2: SANE Recruitment and Retention Survey — Question 5

How did you hear about the SANE employment opportunity with your current SANE program? (Please check all that apply).

Results: 42 answered / 0 skipped

Analysis: Both survey results suggest “Word of Mouth”/ “Peer or individual recruitment” is the most effective recruitment strategy.

Recommendation: Equip current SANEs with tools to refer RNs/ARNPs to SANE program. Target recruits who are good fit for your SANE program.
Survey 1: Forensic Exam Program Administration and Management Survey — Question 18

What requirements does your SANE program implement after a nurse completes SANE training? (Check all that apply)

Results: 24 answered / 5 skipped

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<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
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<tbody>
<tr>
<td>CEUs</td>
<td>54.17%</td>
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<tr>
<td>Monthly or Quarterly Meetings</td>
<td>75.00%</td>
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<tr>
<td>SART Attendance</td>
<td>54.17%</td>
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<td>Skills Refresher Trainings</td>
<td>50.00%</td>
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<td>Testimony Workshop</td>
<td>16.67%</td>
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<td>Victim Centered Training</td>
<td>29.17%</td>
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<td>Case Staffings</td>
<td>45.83%</td>
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<td>Other (please specify)</td>
<td>25.00%</td>
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<td>There are no requirements</td>
<td>4.17%</td>
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<td>N/A</td>
<td>0.00%</td>
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Survey 1: Forensic Exam Program Administration and Management Survey — Question 19

How does your SANE program ensure compliance with the above requirements? (Check all that apply)

Results: 23 answered / 6 skipped

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<th>Answer Choices</th>
<th>Responses</th>
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</thead>
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<td>Contracts</td>
<td>34.78%</td>
</tr>
<tr>
<td>Memorandums of Understanding</td>
<td>43.48%</td>
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<td>SANE Training Reimbursement After A Certain Amount of Time</td>
<td>8.70%</td>
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<td>My SANE Program does not ensure compliance with the above requirements</td>
<td>8.70%</td>
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<tr>
<td>Other</td>
<td>34.78%</td>
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Total Respondents: 24

Total Respondents: 23
Recruitment and Retention Subcommittee

Survey 2: SANE Recruitment and Retention Survey — Question 7

What factors contributed to your continued engagement with the SANE program after training? (Please check all that apply)

Results: 39 answered / 3 skipped

<table>
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<td>Passion for the work</td>
<td>92.31%</td>
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<tr>
<td>Informative job description and interview process</td>
<td>10.26%</td>
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<tr>
<td>Smooth SANE Training process</td>
<td>35.90%</td>
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<tr>
<td>Good follow-up by the SANE Program after SANE Training</td>
<td>28.21%</td>
</tr>
<tr>
<td>Adequate SANE shadowing opportunities</td>
<td>25.64%</td>
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<tr>
<td>Mentoring by another SANE</td>
<td>30.77%</td>
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<tr>
<td>Warm welcome to the SANE Program</td>
<td>51.20%</td>
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<tr>
<td>I did not engage with a SANE program after training</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Analysis: The survey results suggest that the top four post-training requirements are:

1. Monthly or quarterly meetings
2. CEUs
3. SART attendance
4. Skills refresher trainings

These requirements are upheld with memoranda of understanding and contracts with SANEs.

The SANE responses suggest that the top four factors that engaged them after completing their SANE training were:

1. Passion for the work
2. Warm welcome by the SANE program after training
3. Smooth SANE training process
4. Mentoring by another SANE

Recommendation: Select post-SANE training requirements that will engage your SANEs, such as routine meetings, CEUs and skills refreshers. A formal procedure for the training process of new SANEs should be created to include shadowing and education on entire reporting/non-reporting process for a victim. All requirements should be established in either MOUs or contracts.
Recruitment and Retention Subcommittee

Furthermore, SANE programs should continually keep SANEs involved in the program in order to engage them and keep their passion for the work going. Mentoring new SANEs as soon as they complete training will help strengthen their passion and can be done by assigning a veteran SANE as their mentor. If possible, programs should build in an hourly wage for the SANE for administrative work or regularly scheduled meetings (SART/staff meetings/agency meetings).

Survey 1: Forensic Exam Program Administration and Management Survey — Question 21

Consider the following incentives offered by your SANE program. In your opinion, how important are the offered incentives to the continued employment of your SANEs? Select N/A if you do not offer an incentive.

Results: 26 answered / 3 skipped
Survey 2: SANE Recruitment and Retention Survey — Question 7

How important are the following incentives to your continued employment as a SANE?

Results: 42 answered / 0 skipped

<table>
<thead>
<tr>
<th>Incentive</th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Moderately Important</th>
<th>Slightly Important</th>
<th>Not At All Important</th>
<th>N/A</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive feedback/cognition/training from the SANE Program</td>
<td>26</td>
<td>16</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.65</td>
</tr>
<tr>
<td>Support from the SANE Program staff (e.g., coordinator, supervisor, director, etc.)</td>
<td>26</td>
<td>16</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.58</td>
</tr>
<tr>
<td>Financial compensation for exams performed</td>
<td>13</td>
<td>10</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2.19</td>
</tr>
<tr>
<td>Financial compensation for on-call hours/shifts worked</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2.50</td>
</tr>
<tr>
<td>Ongoing education/trainings offered</td>
<td>26</td>
<td>16</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2.15</td>
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<tr>
<td>Regular monthly, bi-monthly, or quarterly face to face meetings with the SANE Program or SART</td>
<td>21</td>
<td>14</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.88</td>
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<td>Self-care opportunities</td>
<td>25</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.68</td>
</tr>
<tr>
<td>Regular peer reviews</td>
<td>25</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.68</td>
</tr>
<tr>
<td>Working as part of a team with the Rape Crisis Center Advocate</td>
<td>25</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.68</td>
</tr>
<tr>
<td>Networking opportunities with other SANE's and SART members</td>
<td>25</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.68</td>
</tr>
<tr>
<td>Flexible schedule</td>
<td>25</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.68</td>
</tr>
<tr>
<td>Engaging or integrating the SANE into the Program's mission</td>
<td>25</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.68</td>
</tr>
</tbody>
</table>
Recruitment and Retention Subcommittee

Analysis:
The survey results indicate that the top four “Extremely Important” incentives related to the continued employment of the SANEs are:

1. Flexible schedule
2. Support from the SANE program staff
3. Engaging or investing the SANE into the program’s mission
4. Working as part of a team with the sexual assault program advocate

The survey results indicate that the top four “Extremely Important” incentives related to the continued employment of the SANEs are:

1. The feeling of being invested/engaged in the SANE Program and its mission (tie)
2. Flexible schedule (tie)
3. Support from the SANE program staff
4. The feeling of positively impacting the community by providing services to sexual assault survivors
5. On-going education/trainings

Recommendation:
SANE programs should focus retention efforts on engaging and investing their SANEs into the program’s mission while providing a flexible schedule and on-going education/training opportunities.
Best Practice Recommendations for Special Care Populations

Addressing a Patient’s Ability to Consent to a Forensic Exam

When a patient is seeking a sexual battery forensic examination, there is a general protocol that must be followed in order to ascertain if patient consent is present. When a special care population patient seeks a sexual battery forensic examination, additional considerations must be taken into account in order to ascertain if patient consent is present. The goal of the Special Care Populations subcommittee during the 2015-16 SW SART session was to develop recommendations for specific special care populations with regard to their ability to consent and/or convey consent to a sexual battery forensic exam.

**General Protocol**

I. Ability of the patient to consent;
   a. If the patient has a legal representative, ability of the patient’s legal representative to consent for patient;

II. AND ability of patient to convey consent;
   b. If the patient has a legal representative, ability of the patient’s legal representative to convey consent for patient.

Ultimately, the conclusion of whether consent is present is at the discretion of the SANE/SAFE. At times, it may be necessary to consult the evidence collection team Medical Director, the patient’s attending physician, and/or supervisory staff.

Incapacitated Victims

Incapacitated Victims Recommendation: A sexual battery forensic examination shall not be performed on a victim who is unconscious, incapacitated, intoxicated, or otherwise legally unable to consent.

**Guidance for Recommendation:**

- “If the victim is unable to consent due to being incapacitated the examiner may not commence the exam without a court order.”
  
Incarcerated Victims

Incarcerated Victims Recommendation: A sexual battery forensic examination shall be performed on an adult victim who is incarcerated if the incarceration facility has been notified and consent is given by the victim.

Guidance for Recommendation:

- See Prison Rape Elimination Act of 2003 (PREA).

Migrant or Undocumented Victims

Migrant or Undocumented Victims Status Recommendation: A sexual battery forensic examination shall be performed on an adult victim who has migrant or undocumented status if consent is given by the victim.

Guidance for Recommendation:

- “Understand that immigrant victims may fear that assisting law enforcement may identify them to immigration authorities for deportation. All sexual assault victims should be provided information regarding U-Visa relief, in the event that this information would be helpful.”
- “Be patient and understanding toward victims’ language skills and barriers, which may worsen with the crisis of sexual assault. Develop policies and train responders to be able to identify a victim’s limited English proficiency and primary language spoken and written.”
Minor Victims Recommendation: A sexual battery forensic examination shall be performed on a victim who is under the age of majority if consent is given by both the minor victim and his/her legal representative. Mandatory reporting requirements should always be considered.

**Guidance for Recommendation:**

- “The child should be informed at each step of the evaluation about what is going to take place and assent/permission should be sought before proceeding, especially during sensitive aspects of the exam. Children should be given frequent reassurance, and they should be allowed to have a supportive person present with them during the medical exam. Similarly, parents should be provided with a written consent form that explains the examination procedures, gives consent to perform the evidence gathering exam, and that is dated and signed by the guardian and witnessed by a medical professional, as defined by Florida Statute. Parents and children should also be informed that photos of the exam may be taken with their consent. Teens often prefer not to have a family member in the room, but they should be asked what they prefer. Note that teens may have areas of patient confidentiality that cannot be reported to the parents without the teen’s consent.”
- “…in cases involving adolescents or vulnerable adults, caretakers should not be allowed in the exam room if they are suspected of committing the assault or of being otherwise abusive to the patient.”

**Additional best practice notes:**

- Anyone under 11 years old can receive a pediatric exam. It is suggested that for victims over 12 years old that the victim have a SANE adolescent/Adult examination unless medically necessary to conduct a SANE pediatric examination. It may be acceptable for children 12 and older to receive an adult exam; however that determination should be left to the SANE.
Pregnant Victims Recommendation: A sexual battery forensic examination shall be performed on an adult victim who is pregnant after consultation with the exam team’s Medical Director, attending physician and/or supervisory staff and if consent is given by the victim.

Guidance for Recommendation:

- “If a patient is pregnant, the pregnancy may affect what medications can be administered or prescribed in the course of or after the exam. Follow policies of the medical facility for pregnancy testing.”

Trafficked Victims Recommendation: A sexual battery forensic examination shall be performed on a victim who has been trafficked if consent is given by the victim. Reminder, mandatory reporting requirements should also always be considered for trafficked minor victims.

Guidance for Recommendation:

- See Fla. Stat. § 39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.

Victims Who are Blind or Visually Impaired Recommendation: A sexual battery forensic examination shall be performed on a victim who is blind or visually impaired if prior to starting the exam and conducting each procedure the process has been explained to the patient in a way the patient understands, and consent is given by the victim directly or by and through a neutral, third party interpreter. It is also important to explain the exam process and the purpose of the exam more generally (e.g., how the evidence may be used by the criminal justice system).

Guidance for Recommendation:

- “A clear explanation is particularly important for individuals who may not previously have had a pelvic exam or medical care, or who have difficulty understanding what has happened and why they are being asked to undergo a medical forensic exam.
Special Care Considerations Subcommittee

Remember that some exam procedures may be uncomfortable and painful to patients, considering the nature of the trauma they have experienced. By taking the time to explain procedures and their options, patients may be able to better relax, feel more in control of what’s occurring, and make decisions that meet their needs. After providing the needed information, seek patients’ permission to proceed with exam procedures.”


Victims with Cognitive or Developmental Barriers

Victims with Cognitive or Developmental Barriers Recommendation: A sexual battery forensic examination shall be performed on a victim who is an adult individual with impaired and/or reduced mental capacity who has difficulty or cannot comprehend events that occurred or will occur (e.g., the assault itself or initial response by professionals), questions he/she will be asked during the examination, or the examination process itself, if consent is given by both the victim and his/her legal representative.

Guidance for Recommendation:

- “The medical provider will generally need to assess whether the patient has the cognitive capacity to give consent for the examination, and, if not, the provider should follow these internal policies and jurisdictional statutes. Policies should include procedures to determine whether or not patients are their own guardians; if there is a guardian, to determine the extent of the guardianship; to obtain consent from a guardian if needed; and what to do if the guardian is not available or is suspected of abuse or neglect.”
- “…in cases involving adolescents or vulnerable adults, caretakers should not be allowed in the exam room if they are suspected of committing the assault or of being otherwise abusive to the patient.”

Victims Who are Deaf or Hard of Hearing

Recommendation: A sexual battery forensic examination shall be performed on a victim who is deaf or hard of hearing if prior to starting the examination and conducting each procedure, the process has been explained to the patient in a way the patient understands, and consent is given by the victim directly or by and through a neutral, third party interpreter. In addition, it is important to explain the examination process and the purpose of the examination more generally (e.g., how the evidence may be used by the criminal justice system).

Guidance for Recommendation:

- “A clear explanation is particularly important for individuals who may not previously have had a pelvic exam or medical care, or who have difficulty understanding what has happened and why they are being asked to undergo a medical forensic exam. Remember that some exam procedures may be uncomfortable and painful to patients, considering the nature of the trauma they have experienced. By taking the time to explain procedures and their options, patients may be able to better relax, feel more in control of what’s occurring, and make decisions that meet their needs. After providing the needed information, seek patients’ permission to proceed with exam procedures.”


Victims with Language Barriers

Recommendation: A sexual battery forensic examination shall not be performed on a victim with a language barrier if prior to starting the exam and conducting each procedure, the process has been explained to the patient in a language the patient understands, and consent is given by the victim directly or by and through a neutral, third party language interpreter. In addition, it is important to explain the examination process and the purpose of the exam more generally (e.g., how the evidence may be used by the criminal justice system).

Guidance for Recommendation:

- “A clear explanation is particularly important for individuals who may not previously have had a pelvic exam or medical care, or who have difficulty understanding what has happened and why they are being asked to undergo a medical forensic exam. Remember that some exam procedures may be uncomfortable and painful to patients, considering the nature of the trauma they have experienced.
Special Care Considerations Subcommittee

By taking the time to explain procedures and their options, patients may be able to better relax, feel more in control of what’s occurring, and make decisions that meet their needs. After providing the needed information, seek patients’ permission to proceed with exam procedures.”


Vulnerable Adult Victims

Vulnerable Adult Recommendation: A sexual battery forensic examination shall be performed on a victim who is an adult individual with impaired and/or reduced mental capacity who has difficulty or cannot comprehend events that occurred or will occur (e.g., the assault itself or initial response by professionals), questions he/she will be asked during the exam, or the exam process itself, if consent is given by both the victim and his/her legal representative. Mandatory reporting requirements should always be considered.

Guidance for Recommendation:

- “The medical provider will generally need to assess whether the patient has the cognitive capacity to give consent for the examination, and, if not, the provider should follow these internal policies and jurisdictional statutes. Policies should include procedures to determine whether or not patients are their own guardians; if there is a guardian, to determine the extent of the guardianship; to obtain consent from a guardian if needed; and what to do if the guardian is not available or is suspected of abuse or neglect.”
- “…in cases involving adolescents or vulnerable adults, caretakers should not be allowed in the exam room if they are suspected of committing the assault or of being otherwise abusive to the patient.”

Letter of Support to Legislators

Date

Name of legislator/legislative assistant
Office of the Honorable Legislator
Florida House of Representatives/Senate
Address
Address

Dear (Ms./Mr. Legislative Assistant or Honorable Legislator),

On behalf of the Statewide Sexual Assault Response Team, coordinated by the Florida Council Against Sexual Violence, I am writing to urge you to support legislation to support minor victims of sexual abuse by providing them the right to consent to a forensic exam and access medical services following a sexual assault.

The 2009 National Survey of Children’s Exposure to Violence, found:

- 6.1% of all children surveyed had been sexually victimized in the past year and nearly 1 in 10 (9.8%) have been victimized over their lifetimes.
- Adolescents ages 14-17 were by far the most likely to be sexually victimized; nearly one in six (16.3%) was sexually victimized in the past year.
- More than one in four adolescents (27.3%) had been sexually victimized during their lifetimes; most commonly by flashing/exposure by a peer, sexual harassment and sexual assault. (Finkelhor et al., 2009)

We encourage you to consider the staggering data and hope it compels your consideration of such legislation. Please also consider that such legislation makes sense for many reasons.

- Giving minors the right to consent to their own exams will allow them immediate access to medical/forensic services following sexual assaults.
- This complements existing law (F.S. 384.30) which states consent of the parents or guardians of a minor is not a prerequisite for an examination or treatment for sexually transmitted diseases.
- Current legislation exists (F.S. 743.067) which allows unaccompanied homeless youth the ability to consent to a forensic medical exam. We believe all minor victims, regardless of access to housing, should have the ability to immediately consent to medical/forensic services following sexual assaults.
Letter of Support to Legislators

- Medical/Forensic Examinations are conducted by trained Sexual Assault Nurse Examiners (SANEs). Specifically, ‘Adolescent/Adult’ forensic medical examinations are for individuals age 12 and older. Thus, for the purpose of this legislation, we support the term minor as an individual who is 12-17 years of age.

On behalf of the Florida Statewide Sexual Assault Response Team Special Care Considerations Subcommittee, thank you for your attention to this important matter. If you have any further questions on these issues, please feel free to contact Director of Advocacy Theresa L. Prichard at the Florida Council Against Sexual Violence at 850-363-3728 or tprichard@fcasv.org. We look forward to working with you in the future.

Sincerely,

Florida Statewide SART
Special Care Considerations Subcommittee

Tari Allan, Centerstone Rape Crisis Services (Bradenton)
Noelle Clark, Suncoast Rape Crisis Center (Clearwater)
Kelly Franklin, Betty Griffin House (St. Augustine)
Morgan Moeller, formerly of Women's Center of Jacksonville (Jacksonville)
JoEllen Revell, Victim Service Center of Central Florida (Orlando)
Sandra Steblin, Crisis Center of Tampa Bay (Tampa)
Shirley Webb, formerly of Women’s Center of Jacksonville (Jacksonville)
Eileen Wesley, Project HELP (Naples)