Oregon Sexual Assault Task Force's

SANE/SAE PROGRAM TOOLKIT

OREGON ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE

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ABOUT OREGON SATF

OUR MISSION

Our mission is to facilitate and support a collaborative, survivor-centered approach to the prevention of and response to sexual violence. We accomplish our mission by advancing primary prevention and providing multi-disciplinary training and technical assistance to responders in Oregon and nationally.

WHAT WE DO

The Oregon Attorney General's Sexual Assault Task Force is a private, non-profit, non-governmental statewide agency operating four programs and coordinating over 100 multi-disciplinary members who serve as advisors on our Task Force Advisory Committee: Campus, Criminal Justice, Legislative & Public Policy, Medical-Forensic, Men's Engagement, Offender Management, Prevention Education, and Victim Response.

In organizing and maintaining a membership body, the Oregon Attorney General's Sexual Assault Task Force seeks to facilitate cross-discipline collaboration and cultivate victim-centered approaches to sexual assault primary prevention, victim advocacy, medical forensic care, criminal prosecution and sex offender management and treatment.

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Sexual Assault Nurse Examiner (SANE) Program

The SANE Program provides technical assistance and support to SANE/SAEs, clinics and hospitals across the state of Oregon. SANEs are registered nurses with specialized training and clinical experience in providing forensic examinations of sexual assault victims. SANE/SAEs are part of a larger coordinated response to sexual assault and therefore often work closely with law enforcement officers, forensic lab staff, child protective services, prosecutors, sexual assault advocates, and crisis programs.

Technical Assistance

Our SANE/SAE Program Coordinator is available to provide support and answer questions about best practices in responding to sexual assault patients. *For non-urgent questions, please e-mail taskforce@oregonsatf.org.*

Please feel free to call the SANE/SAE Technical Assistance line directly for urgent questions at any time.

SANE TA HOTLINE **503.990.5556**

Please note that if the SANE/SAE Program Coordinator is unable to answer the TA line immediately, you will receive a call back as soon as possible.

ABOUT THE TOOLKIT

HOW TO USE THIS TOOLKIT

Successful SANE programs make a huge difference in our communities, but require a significant amount of coordination in their creation and ongoing support. This toolkit centralizes knowledge from many different areas to be practical and approachable.

This toolkit and the accompanying, editable *Companion* have been designed to be a guide for new SANE programs in Oregon in their development, as well as to be a resource for existing SANE programs wishing to self-assess and improve. Each community has a distinct set of strengths, challenges, partnerships, barriers, and dynamics. Our goal is to incorporate input from multidisciplinary partners in several different areas of the state, in addition to national standards and protocols, in order to provide guidance related to core standards and values while supporting flexibility in how communities choose to design their response. The topics in this toolkit are ordered in an approximation of a new program's chronological development, but can be read as standalone sections, with connections to other sections noted. As such, they can be individualized to the needs of a new or existing program.

LEGAL DISCLAIMER

This information is not offered as, not intended as, and does not constitute legal advice. It is provided for informational purposes only. None of the information provided here should be considered a substitute for professional legal advice, therefore, you should not act or rely on information without first seeking the advice of an attorney. Changes to state law (statutes, case law, regulations, etc.) may impact the information shared here.

THANK YOU TO EVERYONE WHO MADE THIS TOOLKIT POSSIBLE

Rika Martini, MPH, for drafting this toolkit.

Diane Branson, OR-SANE, and Patti Kenyon, OR-SANE, SANE-A, SANE-P, MDI, FNE Coordinator, for reviewing content.

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Countless multidisciplinary partners across the state, for providing invaluable time and input.

A NOTE ON LANGUAGE

The nursing community has led the way in improving the medical care available to patients who have experienced a sexual assault, and the majority of medical-forensic examiners are Sexual Assault Nurse Examiners, or SANEs. Non-nurses who are trained in medical-forensic care are known as Sexual Assault Examiners, or SAEs. In some other communities, the more general term Sexual Assault Forensic Examiner, or SAFE, is used for all backgrounds.

For the sake of brevity, this toolkit primarily refers to SANEs; however, this does not diminish our gratitude for professionals from all health care disciplines who come together to provide this important care.

The terms survivor, patient, victim, and client have all been used at different points in the toolkit, depending on the context (medical, legal, advocacy, etc).

INCLUDED IN THIS TOOLKIT:

Survivor-Centered Care

Trauma-informed SANE/SAE programs are associated with better health outcomes, higher rates of prosecution and conviction, as well as higher patient satisfaction.

Survivor-Centered Care

Sexual assault is an act of power and control.
A sexual assault medical-forensic exam should aim to give the patient back control.

Patients should be reminded throughout the exam that they are the one who gets to make decisions regarding the exam. Understand that there is a power imbalance between the healthcare professional and a patient. Many patients may not feel comfortable declining care. Having an advocate present to reaffirm a patient's right to autonomy can make the patient feel more comfortable expressing their wishes.

Healthcare professionals get used to medical jargon and often have more education than the average patient. This can make it easy for them to unintentionally communicate information in a way that the patient cannot understand.

While informed consent is expected in all areas of healthcare, it is especially important for patients who have experienced sexual assault.

Remember that informed consent has three parts:
Benefits - Disadvantages - Alternatives

Tips to improve communication:

- Explain written materials, instead of just handing them to the patient to read
- Aim for about an 8th grade level for vocabulary and written materials
- Encourage the patient to ask questions
- If the patient appears to not understand, restate the information in a different way

Survivor-Centered Care

VALIDATE THE PATIENT'S FEELINGS AND EXPERIENCES

- Reassure them it is not their fault.

They made the choice to do this. It has nothing to do with what you did.

Freezing is a normal response to fear. Not fighting back doesn't mean you consented.

You have the right to [drink/walk alone/make out] without being assaulted.

- Educate the patient about trauma responses and the range of normal reactions.

It's pretty common for people to have trouble remembering what happened during a traumatic event.

People have all different reactions, and often the emotions change with time. Whatever you're feeling is normal.

- Explain why you are asking a question, so the patient doesn't think you are minimizing their assault or blaming them.

I need to ask some questions about the assault, so that I can do my best job with providing your medical care and any evidence you want collected.

Sometimes alcohol or drugs are used to assault someone, even if they were taken intentionally. Did you have anything to drink or use any drugs before the assault?

Is there anything else I should know about, like weapons, threat, or physical force?

Survivor-Centered Care

PATIENT EXPERIENCE

A sexual assault is one of the most traumatic events someone can experience. A visit to a SANE should be an experience of healing, not retraumatization. Simple things can make a big difference. Consider the following:

Be mindful of wait times

- Minimize wait time and communicate updates frequently
- Provide magazines, television, or other forms of entertainment to keep the patient occupied if they would like a distraction

Consider the environment

- If you are in a busy environment, try to find a room that is relatively quiet and peaceful
- Use a comfortable, non-medical room for the patient history, if possible
- Choose decor that promotes a calm, healing environment

Maximize comfort

- Offer a meal, snacks, and drinks (ideally after oral swabs have been obtained)
- Offer warm blankets

Promote self care

- Provide the patient with a stress ball, silly putty, or fidget toy during the exam
- Send them home with a "self care bag" with comforts like an adult coloring book, journal, candy, or stress ball

Survivor-Centered Care

Consider post-exam needs

- Have clothes available in a wide range of sizes for patients to wear home; consider patients of all genders and weather appropriateness
- Don't forget bras and footwear! (Sports bras and flip flops are economical, and easier to store)
- Have a shower available
- Provide toiletries and hygiene products
- Provide comfortable towels
- Offer food again after the exam
- Consider a patient's non-medical needs, such as transportation or housing; work with the advocate to make appropriate plans and/or connect the patient to resources

Remember support people, too

- Have toys available for kids, even if you only see adults
- Remember that some patients may not have any option other than to bring their kids
- Consider a TV, magazines, or other distractions for a support person while they are waiting
- A couch that pulls out to a bed can allow a support person to rest during a long exam
- Support people may have their own past traumas and experiences that get triggered

Survivor-Centered Care

Specific populations among sexual assault patients may experience additional trauma, vulnerabilities, and barriers -- as well as additional resources, resilience, and healing -- through other aspects of their identities.

As with any of your patients, work with your patient as an individual, rather than succumbing to stereotypes. Honesty, openness, and humility will get you far. You should also be aware of the framework of **intersectionality**: that the interplay of these different personality aspects often lead to experiences and traumas that are more than the sum of their parts.

This list is far from comprehensive, but is meant to get the gears turning. We encourage you to ensure you are knowledgeable about any communities and populations you commonly see at your facility.

MEN

- Gender norms may make it difficult for men to seek help and identify the abuse as an assault
- They may worry that they won't be believed or will be seen as weak
- They may struggle with understanding why their body responded in the way it did, and they may question their sexuality
- Person-first language may be particularly useful

Person-first language

- Person-first language centralizes the person before any descriptors, such as "person who has experienced sexual assault," "woman with autism," "boy experiencing houselessness," etc.
- Identity-based language places the descriptor before the person, such as "sexual assault victim," "autistic woman," "homeless boy," etc.
- Person-first language is often received as less stigmatizing than identity-based language. As always, respect your patient's preference.

Survivor-Centered Care

LGBTQ+ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND OTHERS)

- LGBTQ+ people may be hesitant to seek services due to stigma and negative prior experience with systems
- Ask preferred name and pronouns
- Use forms that ask for gender and pronouns, giving common options, as well as the ability to write in something else
- Mirror the terms the patient uses to describe themselves and their bodies
- Use objective terms when gathering relevant health information, such as a man that has sex with a men: gay, bisexual, lesbian, queer, etc. are identities, not descriptions of behavior
- Focus on the information necessary to provide care
- Avoid showing surprise if a patient's body does not match what you were expecting
- Be aware that vaginas that have been exposed to testosterone or surgically constructed are more fragile and have a greater risk of injury from the assault and during an exam
- Remember to offer emergency contraception to everyone with a uterus and ovaries that was vaginally penetrated
- If you make a mistake (e.g. wrong pronoun), correct yourself and move on

Preferred names and pronouns

- Asking patients for their preferred name can help create a safe space for patients who are transgender, as well as giving you the opportunity to learn about nicknames that can help make any patient feel more comfortable.
- An introduction such as "My name is [name] and I use the pronouns [she/her, he/him, they/them, etc.]. I like to check with all of my patients, what pronouns do you use?" can avoid confusion for those who might not know what a pronoun is.
- By routinely asking your patients for this information, you can prevent singling anyone out and making incorrect assumptions.

Survivor-Centered Care

PATIENTS WITH DISABILITIES

- Use person-first language unless they indicate a preference for identity-based language (see "Person-first language" box on page 12)
- Ask them what accommodations or help they need
- All patients need to receive information in a way they can understand: for people with disabilities, this may mean using simpler language or using alternative forms of communication.
- Consider whether your facilities are accessible for people with physical disabilities, and think through how you would modify an exam for someone with mobility limitations
- Respecting personal space may be particularly important to avoid sensory triggers
    - Only touch when necessary, and warn prior to touching
    - Common sensory triggers: bright lights, excessive noise, room temperature that is too hot or too cold
- Family members and caregivers may attempt to speak for the person: be sure to talk with the patient directly, if at all possible
- For Deaf people and people that are hard of hearing, ask them the communication style they prefer (writing, interpreter, lip reading)
    - Some companies that offer sign language interpretation over video
    - For lip reading, look at them and speak at a reasonable pace; if they do not understand, restate rather than repeat

LIMITED ENGLISH PROFICIENCY

- Medical interpreters should always be used, for both privacy and accuracy; do not use friends or family to translate
- Phone interpretation services may be preferable for cost and privacy
- Speak directly to the patient, not the interpreter
- Understand that oral communication and literacy are different skills: for example, a person may not be able to read in their native language, or a person may be able to read English better than they can speak it

Survivor-Centered Care

CULTURAL COMPETENCY

- Due to historical and personal experiences, people of color and other minority groups may lack trust in the criminal justice system, healthcare, and other institutions
- Harmful stereotypes related to promiscuity can create a fear that they will not be believed or that they will be blamed for their assault
- Women that embrace a matriarch image may not seek services because they feel they should be self-reliant
- The majority of sexual assaults are intra-racial, and survivors may worry that reporting would reinforce negative stereotypes about their race
- Cultural views may increase the likelihood of victim blaming, both self-blaming and blaming from members of their community
- Women from cultures that highly value chastity may struggle with feelings of being "dirty" or worthless
- Complex relationships between tribal, federal, and state governments can complicate the criminal justice process
- Immigrants, especially undocumented immigrants, may be afraid to report
- Cultural and racial groups may also be a source of healing and strength that the patient should have the option to engage

Tips for improving cultural competency

- Understand your own culture and work to improve your understanding.
- Recognize your biases and work to improve your self-awareness.
- Learn about the cultures in the community you serve.
- Identify the cultural differences that are most relevant to your practice.
- Generalize, don't stereotype: generalization provides a starting point for things you may need to be aware of and should ask questions about, while stereotyping makes an assumption about a person based on a group they are a part of.

Survivor-Centered Care

SANEs experience vicarious trauma at high rates, and need support to prevent burnout. Processing vicarious trauma effectively requires both individual self-care and systemic support.

BUT I THOUGHT WE WERE TALKING ABOUT SURVIVORS?

It may seem counterintuitive to discussing prioritizing the needs of SANEs in a section entitled "survivor-centered care." Remember: we are all part of the very communities we serve. Many SANEs are survivors, live with survivors, and know survivors. In addition, it is only by processing their own traumas (whatever they might be) that SANEs can bring their best selves to their work and to their patients. Recognizing this is part of centering survivors.

Tips to prevent burnout

- Train enough SANEs that adequate coverage can be met without overburdening the nurses
- Allow SANEs to miss scheduled shifts the next day if they were called in for an exam
- Be flexible if a nurse needs to take a break from SANE shifts for a while
- Be sure SANEs know about the available resources, such as an employee assistance program
- Encourage SANEs to practice self-care and support them in their needs
- Develop an emotional debriefing program
- Create a mentorship program where more experienced SANEs mentor newer SANEs
- Have team gatherings to reduce feelings of isolation
- Educate SANEs on how to recognize vicarious trauma and how to address it

Program Basics

SANEs provide sexual assault patients with high-quality, trauma-informed medical care and forensic collection.

Basics: Types of Programs

In Oregon, all hospitals are required to either provide sexual assault medical-forensic exams or transfer patients to a facility that does. A Sexual Assault Nurse Examiner (SANE) or Sexual Assault Examiner (SAE) program provides this crucial service to your community and elevates the standing of your facility!

MOST COMMON TYPES OF SANE/SAE PROGRAMS

TYPE	BENEFITS	DRAWBACKS
Emergency department	Close to emergency care if needed; patients that present at the ED do not need to travel to a clinic; potential for 24/7 availability	Noisy, chaotic environment; some ED staff may not be adept in trauma-informed care
Community health clinic	Typically more comfortable than a hospital setting; ability to provide more cohesive care with intraorganizational referrals	Clinic hours may restrict availability; less access to advanced medical care in case of emergency
University health clinic	Convenient for students; typically more comfortable than a hospital setting; some services may be covered or discounted by student fees; students can often be connected to counseling services the same day	Clinic hours may restrict availability; privacy may be a concern; less access to advanced medical care in case of emergency

Basics: Types of Programs

MOST COMMON TYPES OF SANE/SAE PROGRAMS (CONTINUED)

TYPE	BENEFITS	DRAWBACKS
Standalone SANE clinic	Location separate from a clinic or emergency department may lead to a more comfortable environment and improved patient experience; enhanced privacy for patient; less contact with professionals who may not be adept in trauma-informed care; potential for 24/7 availability; may be located near an emergency department for access to emergent medical care	High operating costs; patients who present at the ED may have to travel; providers often not on-site; may have less access to medical care depending on location
Traveling SANE agency	Increased potential for 24/7 availability; can be more cost-effective for facilities who could not otherwise support a program; SANEs may receive better pay and/or hours	SANEs may have varying levels of familiarity with the facilities they respond to and their policies; patients must wait for SANE to arrive; follow-up with SANE may be more difficult if patient has questions after the exam

Basics: How to Start

GET YOUR ADMINISTRATION ON BOARD

Administrative support is key to a sustainable SANE program. Consider how the program can benefit the community's perception of the health care facility or organization.

If you want to start a new program, explain how the program can improve patient care and experiences. Have a plan for starting. If you want to enhance your current program, use feedback from community partners and/or patients (either deidentified or with patient consent) to discuss opportunities for improvement. Talk about all aspects of cost, as well as potential funding sources.

Remember, it doesn't have to be all or nothing! Make a plan to work towards goals that are achievable now, which will open up future options.

STAFF

Oregon does not require SANEs to be certified, but does require demonstrable competency, including 40 hours of didactic (classroom) training and clinical skill development.

Requirements for Oregon certification, which applies to adult/adolescent SANEs, are found on the Oregon Attorney General's Sexual Assault Task Force website: http://oregonsatf.org/programs/sane-program.

Advanced-level certification is available through the International Association of Forensic Nurses (IAFN).

All staff and practitioners who may come into contact with a sexual assault patient should receive training about trauma-informed care and relevant facility protocols.

Basics: Supplies

BASIC EQUIPMENT AND SUPPLIES:

- Exam bed with GYN capabilities
- Alternative light source, ideally BlueMaxx
- Camera (a digital point and shoot)
- Swab dryer
- Bleach wipes
- Urine specimen cups
- Gray-top blood tubes
- Specimen bags
- Lockable storage
- Rolling cart for storing supplies and equipment
- Sexual Assault Forensic Evidence (SAFE) Kits
- Paper bags
- Gloves (multiple sizes available)
- Extra cotton swabs
- Extra envelopes
- Water-based lubricant
- Speculums (multiple sizes available) with light source)
- Exam bed paper
- Patient gowns
- Wound care supplies

OPTIONAL, RECOMMENDED SUPPLIES:

- Anoscope
- Clothing for patient to go home in (multiple sizes and styles available)
- Shower available, with toiletries
- Resources to help transgender patients feel safe, such as wigs, chest binders, packers

Basics: Funding

SOURCES OF FUNDING

The State of Oregon reimburses facilities who provide sexual assault medical-forensic exams through the Sexual Assault Victims' Emergency Medical Response (SAVE) Fund. The SAVE Fund is available regardless of the patient's reporting status or insurance status.

The most recent reimbursement amounts from the SAVE Fund can be found here: https://www.doj.state.or.us/crime-victims/for-medical-providers/save-fund-information-for-medical-providers/.

The SAVE Fund only reimburses exams for assaults that occurred within Oregon. For information about reimbursement in other states, refer to: https://www.safeta.org/page/MFEPayment.

A provider cannot bill insurance or Crime Victims' Compensation for services reimbursed by the SAVE Fund. Insurance can be used for services not covered by the SAVE Fund.

Most programs find that costs remain after utilizing the SAVE Fund. For many programs that are part of a larger health system, some of the costs are absorbed by the larger organization as part of the hospital's community benefit.

Additional funding possibilities include:

- Grants
- Donations
- Health insurance *(see note above)*
- Crime Victims' Compensation *(see note above)*

Basics: Funding

PAYMENT	CONSIDERATIONS
Health Insurance	Some patients may not feel comfortable using their insurance for sexual assault related care if they are on someone else's plan. Oregon law allows patients to request that all communications with health information be sent to the patient instead of the policy holder. However, this privacy is not guaranteed until after the request has been processed, up to 30 days for hard-copy or 7 days for electronic requests. Services rendered before this time may be sent to the policy holder (ORS 743B.555). More information is available at https://dfr.oregon.gov/insure/health/patient-privacy/Pages/provider-info.aspx
Oregon Health Plan (OHP)	Low income patients may be eligible for OHP. OHP will cover medical services retroactively in some cases. More information about the application process can be found at https://www.oregon.gov/oha/HSD/OHP/Pages/Apply.aspx
Crime Victims' Compensation (CVC)	To be eligible for CVC, a patient must meet current criteria. Reporting to law enforcement may not be required if other criteria are met. CVC can be used to pay for expenses related to the crime, including medical expenses. The SAVE Fund and the patient's insurance must be used before CVC. More information about CVC is available at https://www.doj.state.or.us/crime-victims/victims-resources/victims-services/compensation-for-victims-of-crime/

Basics: Funding

PLANNING A BUDGET

The categories below will help you estimate the expenses of a program. As with most areas of health care, training expenses are often an initially high investment that pay themselves back with time. Similarly, investing in a swab dryer and Bluemaxx alternative light source is an upfront expense that will elevate your care for years to come.

Evidence kits are provided free of cost by the Forensic Laboratory, and other supplies such as swabs, specula, and lubricant may be provided from your facility's normal stock.

Initial Expenses

- Didactic training: typically $300-500, plus lodging and travel if applicable
- Trainee wages: consider regular rate and time-and-a-half
- Trainer wages: consider regular rate and time-and-a-half
- OR-SANE certification fee, optional: $100
- Swab dryer, recommended: typically $400-700
- Bluemaxx alternative light source, recommended: $150

Ongoing Expenses

- On-call wages: typically $2-5/hour
- Wages per exam: typically 3-5 hours at time-and-a-half
- Medication costs: vary
- SANE continuing education time: does your facility have a process for educational reimbursement?
- Court testimony time: likely at time-and-a-half

Savings

- Not having to transfer patients to other facilities
- Having nurses perform exams instead of physicians
- Patient not occupying an emergency department bed

Basics: Rural Programs

SANE programs in rural areas are essential for ensuring access to services for all survivors. However, rural areas often face additional considerations in implementing a successful program.

RESOURCES

Because resources are often distributed based on the number of clients served, rural areas may find themselves struggling with limitations. In addition, a smaller population over increased distance may mean that maintaining and accessing those resources incur extra expenses. This may be particularly felt in the availability of specialized health care providers, mental health services, and certain medications. This can be a significant barrier to both providers and survivors; however, it can also be a source of resiliency as communities

PRIVACY

In small communities, the chance of someone on the team knowing the survivor, assailant, or both is greater. These privacy considerations and possible conflicts of interest must be navigated carefully for the sake of everyone involved; however, these close ties within communities may also improve care for survivors by enhancing interagency collaboration.

Success is possible!

One critical access hospital in Oregon began training SANEs in 2012 and established a hospital-based SANE program in October 2013 under the Emergency Department budget. One SANE became state certified and took a "Train the Trainer" class in order to hold mock exams and competency checks for the remaining seven SANEs. Each SANE takes call for a week at a time, and a backup nurse is arranged to cover the SANE's regular duties if a sexual assault patient arrives on one of their shifts.

Laws & Regulations for SANE / SAE Programs

Laws and regulations relevant to SANE programs are introduced and revised frequently. The laws and their brief descriptions given here are not comprehensive, and should be taken only as a starting point.

Laws & Regulations

EMTALA: EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (42 USC 1395DD)

Medicare participating hospitals must provide an appropriate medical screening to patients seeking emergency care. A SANE can provide the medical screening as long as the procedure is consistent for all patients with similar symptoms.

Reference: Chasson, & Russell. (2002). Do SANE examinations satisfy the EMTALA requirement for "medical screening"? Journal of Emergency Nursing, 28(6), 593-595.

HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Information gathered during a sexual assault exam, including photos, is considered health information and is subject to HIPAA regulations. Patient permission or a court order is necessary for release, except in cases of mandatory reporting.

The American Hospital Association's guidelines can be found at https://www.aha.org/system/files/2018-03/guidelinesreleasinginfo.pdf.

DUTY OF CARE FOR SEXUAL ASSAULT PATIENTS (ORS 147.403)

All hospitals must develop policies for the care of sexual assault patients. This can be either to care for the patient or make a referral to another facility. Hospitals that provide forensic medical examinations must employ or contract with an examiner who meets the training and competency requirements set by the Oregon SAE/SANE Certification Commission. This examiner does not need to be state- or nationally-certified.

Laws & Regulations

INSURANCE COMMUNICATION PRIVACY (ORS 743B.555)

A patient has the right to request that insurance communications regarding protected health information, such as an explanation of benefits, be sent to them instead of the primary policy holder. It can take up to 30 days for hard-copy and up to 7 days for electronic requests to be processed, but this may be able to be expedited with help from your facility's billing department.

ADVOCATES (ORS 147.404, ORS 40.264)

Hospitals must contact a victim advocate, following the protocol established by the county Sexual Assault Response Team, for all sexual assault patients who choose to have a medical assessment. Advocate-victim privilege allows community-based advocates to be a completely confidential resource for patients.

SUPPORT PERSON (ORS 147.425)

Patients have the right to have a support person with them throughout the medical exam. This person must be over the age of 18 and can not have been involved in the assault in any way, including as a witness.

SEXUAL ASSAULT VICTIMS' EMERGENCY MEDICAL RESPONSE FUND (ORS 147.397)

The State of Oregon will reimburse providers for a medical examination, forensic evidence collection, emergency contraception, sexually transmitted infection prophylaxis, and mental health counseling for patients who have been sexually assaulted in Oregon. The patient does not have to report to law enforcement and can remain anonymous

Laws & Regulations

EMERGENCY CONTRACEPTION (ORS 435.254)

For all female patients seeking care after a sexual assault, hospitals must provide written and oral information about emergency contraception; inform the patient of their option to receive emergency contraception; and provide the patient with emergency contraception, if they desire

CONSENT OF TREATMENT FOR MINORS (ORS 109.610, ORS 109.640)

Teens age 15 and up are able to consent to medical care. Minors of any age can consent to services related to reproductive and sexual health.

MANDATORY REPORTING

Mandatory reporters must report all suspected abuse of patients under 18, 65 or older, and people with disabilities to law enforcement and the Department of Human Services (ORS 419B.010; ORS 430.765; ORS 124.060).

For all adults, nurses and physicians must report non-accidental injuries, if the injury is “a physical injury caused by a knife, gun, pistol or other dangerous or deadly weapon” or “a serious physical injury” (ORS 146.750; ORS 146.710).

Policy Development

Developing policies and protocols is one of the most important first steps of any organization. Even within larger organizations, it is still necessary to develop policies specific to SANE services.

Policy Development

WHO WILL DEVELOP THE POLICIES, AND WHO WILL APPROVE THEM?

This will vary depending on the structure of the organization. The policies and protocols should be developed by persons that are actively involved in the day to day operations and have sufficient experience and expertise in the area, usually the director/head SANE. The approval is often done by the supervisor of the director/head SANE. This could be the emergency room manager, clinic administration, executive director, or the board of directors.

HOW WILL POLICIES BE DEVELOPED?

Will the person in charge use feedback from others within the organization? Will someone be tasked with researching best practices?

WHEN AND HOW WILL POLICIES BE REVISED?

Some organizations set specific intervals for which to review the policies, such as once a year. Others may choose to do it only when an issue comes up. Will there be a formal process for evaluating the policies?

A formal, yearly process is recommended.

WHAT POLICIES WILL YOU HAVE?

Policies allow everyone within the organization to be on the same page and can help avoid poor operations. Consider anything in which there is a “right” or “wrong” way to do something.

For sample policies that you can adapt and use for your facility, please see the accompanying *SANE Toolkit Companion*.

Community Partnerships

Developing strong relationships with community partners is essential to providing the best possible care for survivors.

Community Partnerships

ADVOCATES

An advocate must be called when a sexual assault patient presents for medical assessment (ORS 147.404). Advocates can provide emotional support, education, and connection to services. Advocates may be able to provide clothing, informational handouts, and transportation. They may have contact with the patient before they present at the medical facility: educate advocates as to what they should suggest for patients who want evidence collected (don't bathe, bring in clothes that may have evidence on them, come in within 120 hours of the assault, sooner is better, etc.).

Your program will need to determine what advocacy organization you will call when a patient presents for care. Most often hospitals call community-based domestic violence/sexual assault agencies.

Some programs will call district attorney advocates, but keep in mind that district attorney advocates (commonly referred to as DAVAP or District Attorney Victim Assistance Advocacy Programs) do not have the same level of confidentiality as community-based advocates. (DAVAP advocates must report anything that the client shares with them to the district attorney. Most other advocacy programs have legal privilege, and cannot share survivor's information without a signed, written release from the survivor to do so.)

Other types of advocates may also be able to help support your patient.
Examples include:
Campus-based advocates specialize in helping students enrolled at an Oregon college or university.
Tribal advocates specialize in helping tribal members navigate tribal courts, reporting and resources.
Culturally-specific advocates specialize in helping survivors from historically underserved/marginalized communities.

Community Partnerships

CHILD ABUSE EXAMINERS

Determine what your program's procedure will be when you have a child under 15 years of age present for medical care post-sexual assault. Your local Child Advocacy Center (CAC) is an essential part of this.

Consider both acute and non-acute patients. Know the hours the child abuse examiners provide exams, and know how to schedule a patient with them.

DEPARTMENT OF HUMAN SERVICES (DHS)

Work with DHS to determine for what situations and during what hours you should contact them. If they are able to respond outside of typical business hours, record their after-hours contact information. DHS may choose to conduct their interviews at your health care facility or elsewhere.

Remember that health care professionals, including registered nurses, are mandatory reporters.

LAW ENFORCEMENT

You need to determine which law enforcement agencies have jurisdiction over the areas you serve and who will take custody of anonymous SAFE kits. Determine a procedure for law enforcement to take custody of SAFE kits.

Consider allowing law enforcement to interview reporting patients in your facility, even ones who are reporting after their visit. You will need to come up with an agreement with law enforcement as to what forms of recording (audio, video) they can use in your facilities. Clinic-based SANE programs may provide a less stressful environment than a police station.

Community Partnerships

STRATEGIES FOR DEVELOPING STRONG RELATIONSHIPS

- Attend SART meetings and encourage the agencies you work with to also attend
- Understand each other's roles
- Provide training about trauma-informed care
- Establish a procedure for partners to provide feedback about the SANE program and for the SANE program to provide feedback about partners

Exam Process

A medical-forensic exam has the potential to be a supportive and healing experience for a sexual assault survivor. Each step of the medical visit should be planned for with care.

Exam Process

PATIENT CHECK-IN

Consider ways to protect the patient's privacy when they are checking in. Some ways to promote privacy include:

- Hospital or clinic settings can have a white board available at reception for the patient to write down the reason for their visit. It can be open-ended or have a checklist. Another option for a clinic setting is to provide a card for all patients to write down the reason for their visit before they check in. These can be beneficial to non-sexual assault patients as well.
- Give the patient the option of seeing triage without disclosing the reason for their visit.
- If you are expecting the patient, coordinate with reception about what they can say to check in, such as by saying their name or asking for a specific nurse.
- Move the patient out of the waiting area as soon as possible, such as to a triage, exam, or conference room.
- Use code words or phrases for anything the receptionist may need to communicate related to sexual assault from the reception area (such as "I have a patient for *SANE Nurse's Name"*).
- Make sure all staff understand the sexual assault patient protocol, code words, and relevant terminology (SANE, SAFE exam, etc.), to avoid revealing questions being asking in front of other waiting patients.

Minimize the survivor's wait time by contacting the SANE and an advocate as soon as the patient checks in.

Exam Process

TRIAGE

It is important to triage sexual assault patients, to ensure emergent situations are not overlooked! This includes taking vital signs.

Some considerations for triaging sexual assault patients include:

- Taking a temporal or axillary temperature instead of an oral temperature, if possible, to preserve evidence that may be in the patient's mouth.
- Minimizing the questions the patient is asked to those necessary to determine immediate medical stability. Information about when the assault occurred may also be helpful for the SANE when they arrive. Other questions should be avoided if possible, to reduce retraumatization of the patient and medical documentation by untrained providers.
- Communicate an estimated timeframe with the patient. An acceptable timeframe should be established with your local SART. In addition, protocols should be established or activated for how to connect a patient to care if no SANE is available at your facility within that timeframe.

MEDICAL STABILIZATION

If a patient requires medical stabilization, this takes priority over any forensic care or evidence preservation. Forensic care and evidence collection (such as external body swabs and clothing) may be coordinated alongside **if** such care does not interfere with the medical stabilization.

Conditions that would need to be addressed prior to an exam include:

- Head injury or significant facial injury
- Altered consciousness or mental status
- Possible fractures
- Blunt injury to abdomen or back
- Active bleeding or hemorrhage
- Strangulation or patient report of breathing impairment during assault
- Risk or concern for life- or limb-threatening injury

Exam Process

EVIDENCE PRESERVATION

The patient is most likely to preserve possible evidence on their body by waiting to eat, drink, void, change clothes, or bathe in any way until the SANE arrives.

However, the patient's choices take priority over evidence preservation! If the patient wants any of these activities and understands the possible negative impact on evidence collection, support their decision.

If a patient needs to urinate prior to the SANE's arrival, have them collect it in a specimen cup without wiping before or after. Label, date, and time, then leave the urine sample at the bedside with the patient for the SANE to process.

If the patient wants to change their clothes prior to the SANE's arrival, have them leave their clothes undisturbed at bedside.

If the patient has brought in evidence from home (such as bedding, condoms, or previous urine samples), leave this undisturbed at the bedside for the SANE to process.

If the patient denies oral sodomy in the past 24 hours, consuming food or drink is unlikely to negatively impact evidence collection.

If the patient wants to smoke, explore options to safely let them. This may help them manage their anxiety and contribute to a more successful exam.

Exam Process

SANE/SAE RESPONSIBILITIES INCLUDE:

1. If the advocate has not yet been called, do so ASAP.
2. If the patient has arrived with someone, talk to the patient one-on-one to assess for safety and risk.
3. Discuss exam options with the patient (medical assessment, evidence collection, prophylactic medications, etc.) as well as legal options (reporting kit, anonymous kit, no report).
4. Affirm the patient's right to choose what parts of the exam they would like. Let them know that when you explain the risks and benefits of certain care, your intent is to help them make an informed decision, not to pressure them into a certain choice.
5. Obtain written consent from the patient. Throughout the exam, continue to offer the patient choices, explain what you are doing and why, and allow patients to opt out of any part of the exam at any time.
6. If the patient is hungry or needs to use the bathroom, consider collecting oral swabs and a urine specimen early in the exam, after which point the patient may eat and drink.
7. Perform patient history and follow the state exam form as you complete the medical assessment, providing head-to-toe exam, anogenital exam, and evidence collection according to patient wishes.
8. Assess patient's risk for sexually transmitted infections and pregnancy. Discuss prophylactic options as appropriate.
9. Discuss safety concerns with patient and advocate as indicated.
10. Discuss follow-up recommendations and discharge instructions.

OPTIONS FOR EMERGENCY CONTRACEPTION

Levonorgestrel Pills (Plan B One-Step, NextChoice One Dose, and Next Choice)

- Most effective within 72 hours, but can be used up to 120 hours after exposure (reducing pregnancy by 89% and 81% respectively)
- Reduced efficacy for patients with BMI over 25 or weight over 154 lbs

Ulipristal Acetate Pills (Ella)

- Reduces pregnancy by 85% if used within 120 hours of exposure
- Reduced efficacy for patients with BMI over 35 or weight over 194 lbs.
- Should not be used by patient who are breastfeeding

Copper IUD (Paragard)

- Often available only through a clinic visit
- Reduces pregnancy by over 99% if inserted within 120 hours of exposure
- Effective regardless of patient's BMI or weight
- Can be used as contraception for 12 years
- If patient is interested, refer to appropriate outpatient clinic

SEXUALLY TRANSMITTED INFECTION (STI/STD) PROPHYLAXIS

Gonorrhea, chlamydia, trichomoniasis, and bacterial vaginosis (BV):

- Prophylaxis for these STIs should be offered to all adolescent and adult sexual assault patients
- Doses should be given or started during the patient's visit

Human Papillomavirus (HPV):

- Vaccine doses should be discussed with all eligible unvaccinated patients
- The patient will likely need to coordinate this with their primary care provider
- If they do not have a primary care provider, include contact information for local clinics in their written discharge instructions

Hepatitis B (HBV):

- Vaccine series should be discussed with all unvaccinated patients and begun during their visit if available
- Single booster vaccination should be offered to previously vaccinated patients
- For an unvaccinated patient whose assailant is known to be HBV positive, Hepatitis B immune globulin (HBIG) is recommended in addition to the vaccine series

Exam Process

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Prophylaxis for HIV exposure must be started within 72 hours of an assault in order to be effective. This is typically called nPEP, or non-occupational post-exposure prophylaxis.

To avoid delays, ensure you know what nPEP regimen your system uses and how to urgently acquire nPEP medications.

The patient should receive their first doses, starter packs, and prescriptions at the time of their visit.

High risk exposures for HIV include:

- Known HIV-positive assailant
- Vaginal or anal penetration by assailant's penis
- Ejaculation on patient's mucous membranes
- Multiple assailants, or assailant with multiple sexual partners
- Male assailant with male sexual partners

For assistance with HIV prophylaxis decisions, contact:

National Clinician's PEP Line:
(888) 448-4911

OHSU Consult Service:
(503) 494-4567
Toll-free, (800) 245-OHSU (6478)

MEDICATION COMPANY OPTIONS FOR FINANCIAL ASSISTANCE

Hepatitis B (HBV) Vaccine:

- Ages 18 and under: https://www.cdc.gov/features/vfcprogram/index.html
- Ages 19 and above: https://www.merckhelps.com/RECOMBIVAX%20HB

HIV Post-Exposure Prophylaxis:

- Truvada (through Gilead): http://www.gileadadvancingaccess.com
- Isentress (through Merck): http://www.merckhelps.com/ISENTRESS
- Tivicay (through ViiV Connect): https://www.viivconnect.com

Human Papillomavirus (HPV) Vaccine:

- Ages 18 and under: http://www.merckhelps.com/GARDASIL%209
- Ages 19-26: https://www.merckhelps.com/RECOMBIVAX%20HB

DISCHARGE INFORMATION

Patients may not retain much of the information you discuss with them due to trauma, so make sure to write down key information they will want to reference!

For some patients, written discharge instructions may be unsafe for them. If this is the case, discuss other ways they can access key information and resources.

- **SAFE kit number and law enforcement case number**
- **Medications given and side effects to be aware of**
- **Instructions for any additional medications, vaccines, or tests they may need**
- **Instructions on recommended follow-up appointments to schedule**
- **Contact information if medical questions arise**
- **Contact information for advocacy and other support services**
- **Information about reporting options and kit tracking**

Evidence Collection

Knowing how to properly collect, preserve, and package different types of physical evidence is essential to provide patients with as many options as possible.

Evidence Collection

Remember that the role of a SANE is medical first, and that patients do not need to seek evidence collection in order to receive medical care.

When you think of evidence, you most likely think of the Sexual Assault Forensic Evidence (SAFE) Kit and other physical evidence. However, documentation is important evidence as well.

Physical evidence is typically collected up to 120 hours (5 days) after an assault. SANEs may use their own discretion to collect evidence past this timeframe if there's reason to believe DNA may have persisted longer than usual.

We recommend that you err on the side of collecting, rather than not collecting, if there is any doubt about the possible usefulness of the evidence. Findings may persist despite changing clothes, bathing, etc.

WITH PATIENT CONSENT, ALWAYS COLLECT:

- Assault history
- Injury documentation
- Oral reference swabs (for patient's DNA)
- Underwear (worn at time of assault and worn at time of exam)
- Head hairs (for patient standards)

Evidence Collection

ADDITIONAL EVIDENCE TO CONSIDER COLLECTING (WITHIN 120 HOURS OF ASSAULT):

TYPE	COLLECT IF:
Oral forensic swabs	Patient reports oral assault or memory loss
Skin and anogenital swabs	Reason to believe there was contact with assailant's bodily fluids from patient report, examination, and/or alternate light source scan: remember gravity and fluid pooling
Aggressive Handling Swabs	Reason to believe there was prolonged and/or forceful contact from patient report and/or examination and assault was within 24 hours
Fingernail swabs	Patient reports scratching assailant or visible debris noted
Toxicology (20 ml of urine and 2 gray-top tubes of blood)	Patient reports memory lapse, or other reason to suspect drug or alcohol facilitation (if patient consents, always collect both)
Clothing	Clothes were worn during or immediately after the assault (collect tampons, pads, etc. regardless of whether they have been changed)
Skin and hair debris	Patient has not bathed

Evidence Collection

PHOTOGRAPHY

Photography can be helpful in documenting injuries. Photographs are **not** a substitute for documenting injuries on diagrams. The patient needs to understand that the pictures could be shown in court before they give consent.

It is the policy of the Oregon Attorney General's Sexual Assault Task Force that anogenital photographs of adult patients should not be taken unless the patient specifically requests otherwise.

PUBIC HAIR

Consider plucking pubic hair for patient standards if:

- Assault involves a stranger, unknown assailant, and/or multiple assailants
- Pubic hair is collected in the pubic combing
- Assailant is an acquaintance who has not previously been in the environment where the assault(s) occurred

CHAIN OF CUSTODY

Your program will need to determine how to store evidence prior to transferring to law enforcement.

- Ideally, specimens will always be in sight of the SANE or secured where only the SANE has access.
- If another staff member must take possession of evidence for any reason, the transfer of chain of custody must be recorded, including names, date, and time.
- If patient brought in evidence, the SANE should document at what point their custody over the evidence began.
- Wet evidence must be dried, refrigerated, or frozen. This should be communicated with law enforcement.

Safety Planning

Advocates are often able to safety plan with survivors, but it is still important for SANEs to be knowledgeable about safety planning in case the advocate needs help or an advocate is unable to respond.

Safety Planning

SAFETY AT HOME

To preserve patient safety and privacy, safety plans should not be written on any documentation that will enter the medical record. However, you should document when a safety plan was completed, and with whom.

A patient might not be safe at home if the assailant lives with them or knows where they live. Even if the assailant does not know where they live, the patient still might not feel safe.

It may not be safe to bring written materials home if they live with the assailant or with an abusive person who might escalate with the knowledge of the assault/visit. Determine other ways to give the patient access to necessary information (online patient portal, send info to PCP, save phone numbers under discreet names)

A shelter or a hotel room may be a temporary solution if they are unsafe at home. Staying with a friend or family member may increase safety.

Survivors have the right to break their rental agreement early or have their locks changed (ORS 90.453, ORS 90.459). More information can be found at: https://oregonlawhelp.org/resource/housing-rights-for-domestic-violence-sexual-a?ref=fHhwv

Temporary Assistance for Domestic Violence Survivors, an assistance program through the Department of Human Services, provides financial assistance for expenses relating to safety (rental deposit, moving costs, security system). To quality, the survivor must be an Oregon resident and either have minor children or be pregnant, and the abuser must be a household member. More information can be found at: https://www.oregon.gov/DHS/ABUSE/DOMESTIC/pages/tadvs.aspx

Safety Planning

SAFETY AT WORK AND SCHOOL

If the assailant works at at the patient's workplace or knows where they work, work changes may be necessary.

Survivors who have to quit their job to stay safe may be eligible for unemployment benefits. More information can be found at: https://oregonlawhelp.org/files/CCDACC15-944D-570E-7F1F-7BBF3DEC0018/attachments/38BAB471-ED3D-246F-E8FE-7930F0D1538D/employment-protections-for-survivors-8-3-17.pdf.

Survivors have a right to reasonable workplace safety accommodations. Changing their work schedule or transferring to another location may improve their safety.

College students are entitled to reasonable safety accommodations, such as changing housing and/or classes.

PROTECTIVE ORDERS

If the assailant is arrested, it is likely that a “no-contact” order will be issued.

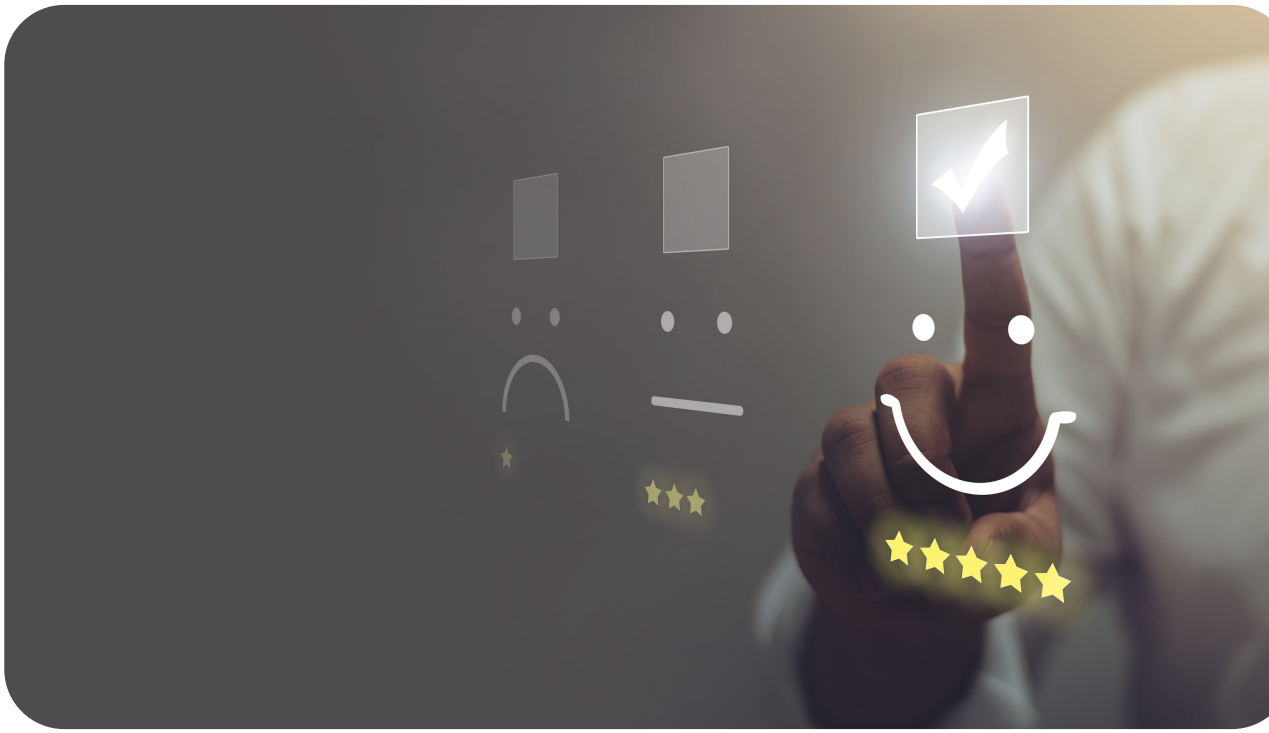
Depending on the survivor’s characteristics, relationship to the assailant, and the type of assault, a survivor may qualify for a civil protective order, such as:

- Sexual Assault Protective Order
- Family Abuse Prevention Act Restraining Order
- Elderly Persons and Persons with disabilities Abuse and Prevention Act Restraining Order
- Stalking Protective Order

More information on protective orders can be found at: https://www.courts.oregon.gov/programs/family/forms/Pages/protective-orders.aspx.

Evaluation

Regular evaluation of your SANE program both ensures that you are providing the highest level of care possible and helps you advocate for the support and funding you need!



Evaluation

WHY EVALUATE?

There are two primary reasons to consider evaluation: to improve the program and to demonstrate the benefit of the program. Evaluation is necessary to determine what areas need improvement and what interventions are working. Evaluations on the benefit the program is providing can be helpful for advocating for resource allocation or specific practices.

STEP 1

DETERMINE IF YOUR PROGRAM IS READY

Is your program ready for evaluation? You need to have an established program first: designated leadership and management, adequate staffing and training, scheduling process for regular coverage, necessary equipment and supplies, established policies and procedures to follow, necessary funding available, and reimbursement processes in place.

Your program culture must also support evaluation: a mindset that growth is possible and desirable, a process for sharing feedback as an opportunity for improvement rather than criticism, an atmosphere of cooperation over competition, and support both laterally between SANEs and vertically with management.

STEP 2

IDENTIFY AREAS FOR IMPROVEMENT

What are your program's priorities, strengths, and weaknesses? Baseline measures can be helpful to inform this assessment. Assess holistically: consider health outcomes, criminal justice/forensic outcomes, patient satisfaction, provider satisfaction, cost effectiveness, access and utilization across populations, and community relationships.

STEP 3

EVALUATE

Create goals, measure your progress, and reevaluate. Start small! Pick a couple of measures to start with.

Evaluation

OUTCOME VS. PROCESS MEASURES

Outcome measurements focus on the results you are pursuing, whereas process measures look at whether you are taking the actions necessary to get the results. **Outcome measures** are clear and straightforward, but they can be hard to measure and can be influenced by outside factors that the program has no control over. **Process measures** are often easier to measure and focus solely on what the program can control, but they are based on assumptions of best practice that could be inaccurate.

EXAMPLES OF OUTCOME MEASURES

- Infection rates
- Follow-up compliance rates
- Patient satisfaction rates
- Prosecution rates

EXAMPLES OF PROCESS MEASURES

- Adherence to clinical guidelines
- Appropriate documentation
- Implementation of trauma-informed practices

SELECTING EVALUATION TOOLS

Feasibility and acceptability of measure collection: Do you have access to the data needed? Will the measure provide reliable information?

Time and expense: How much time will need to be dedicated? Do you have the staff and funding?

Patient burden and privacy: Will patients feel obligated to participate? Will participation cause added stress or trauma?

Community partner burden: Are community partners interested in measuring outcomes? Will measures lead to excess costs?

EXAMPLES OF EVALUATION TOOLS

- Observation (of real or roleplayed patient interactions)
- Chart/documentation /record review
- Surveys
- Data collection
- Policy and procedure review

Comparisons

TYPE	TELLS YOU...	LIMITATIONS
Pre/post: Comparison of evaluations done before and after a program or specific intervention is implemented	Whether the program or intervention is making an impact	Requires foresight to collect measurements before starting; changes over time can be caused by factors other than the intervention of interest
Other programs: Comparison to other programs' measures, ideally of similar demographics/context	Whether your program is performing as well as other programs, allowing you to compare the effectiveness of different practices	Unable to attribute the cause of differences in programs
National or regional data: Comparison to available data on a broader scale	Whether your program is performing better or worse than average, which provides a good starting point for goals	Does not give insight into the reason for disparities
Patient vs. non-patient: Comparison between measures from program patients and other survivors	Whether your program improves outcomes for survivors, which may yield information on demographic disparities in access and utilization	Differences may be tied more to survivor characteristics between those who seek care and those who do not
Benchmark: Comparison to a chosen goal	Progress your program is making towards the goal	The chosen goal may be too easy or too difficult to achieve

Resources

You don't need to reinvent the wheel! Find editable resources in the accompanying *SANE Toolkit Companion* and make use of the wealth of information available to you from other programs as well.

Resources

SANE TOOLKIT COMPANION

The accompanying *SANE Toolkit Companion* contains sample policies and sample resources for both patients and staff, in an editable format that you can adapt and use for your program.

Policies and resources that correspond to each section are summarized in the following pages, along with other material that may be useful.

SURVIVOR-CENTERED CARE

SANE Toolkit Companion:

- Sample Policy: Interpretation Services for Patients
- Local Resources Template
- Patient Statewide Resource List by Subject
- Sexual Assault Medical Care and Forensic Exam FAQs

Other materials:

- End Abuse of People with Disabilities: includes information about increasing accessibility of services (https://www.endabusepwd.org/solutions)
- Hot Peach Pages: printable information about gender-based violence in over 110 languages (https://www.hotpeachpages.net)
- Start by Believing: global campaign to improve survivor-centered response (http://www.startbybelieving.org/home)

Resources

PROGRAM BASICS

SANE Toolkit Companion:

- Sample Policy: Sexual Assault Victims' Emergency Medical Response Fund
- Sample Policy: Reimbursement for Services Not Covered by the SAVE Fund

Other materials:

- Implementing SANE Programs in Rural Communities (https://www.ovc.gov/publications/infores/WVA_Mobile_SANE_guide/frisfunding.html)
- Office on Violence Against Women Grant Programs (https://www.justice.gov/ovw/grant-programs)
- Fundraising and Grant Writing (https://www.nsvrc.org/sites/default/files/2014-09/nsvrc-publications_sane-mobile-app_fundraising-and-grant-writing.pdf)
- Patient Right to Privacy: Provider Information (https://dfr.oregon.gov/insure/health/patient-privacy/Pages/provider-info.aspx)
- Rural Health Information Hub (https://www.ruralhealthinfo.org/)
- SANE Program Development and Operation Guide: Financing Your Program (https://www.ovcttac.gov/saneguide/program-operational-costs-and-funding/financing-your-program)
- SAVE Fund Information for Medical Providers: includes link to application (https://www.doj.state.or.us/crime-victims/for-medical-providers/save-fund-information-for-medical-providers)
- Unspoken Crimes: Sexual Assault in Rural America (http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Unspoken-Crimes-Sexual-Assault-in-Rural-America%20.pdf)

Resources

PROGRAM BASICS, CONTINUED

References:

- Campbell, R., Bybee, D., Townsend, S. M., Shaw, J., Karim, N., & Markowitz, J. (2014). The impact of sexual assault nurse examiner programs on criminal justice case outcomes: A multisite replication study. Violence against women, 20(5), 607-625.
- Campbell, R., Patterson, D., & Bybee, D. (2012). Prosecution of adult sexual assault cases: A longitudinal analysis of the impact of a sexual assault nurse examiner program. Violence Against Women, 18(2), 223-244.
- Fehler-Cabral, G., Campbell, R., & Patterson, D. (2011). Adult sexual assault survivors' experiences with sexual assault nurse examiners (SANEs). Journal of Interpersonal Violence, 26(18), 3618-3639.

LAWS & REGULATIONS

SANE Toolkit Companion:

- Sample Policy: Mandatory Reporting

Other materials:

- Emergency Contraception after Sexual Assault: Fact Sheet for Emergency Department Staff (https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/Documents/ec/OHA8500C_En_Hospital.pdf)
- Emergency Contraception after Sexual Assault: Key Facts for Survivors (https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/Documents/ec/OHA8500B_En_Patient.pdf)
- How to Report Abuse and Neglect in Oregon (https://www.oregon.gov/dhs/abuse/Pages/index.aspx)
- Patient Right to Privacy: Provider Information (https://dfr.oregon.gov/insure/health/patient-privacy/Pages/provider-info.aspx)

Resources

COMMUNITY PARTNERSHIPS

SANE Toolkit Companion:

- Sample Policy: Mandatory Reporting
- Feedback Templates

Other materials:

- SATF A Best Practice: Why Law Enforcement is Excluded from the Medical Forensic Exam (http://oregonsatf.org/wp-content/uploads/2016/12/SAFE-LE-PositionPaper-Revised.pdf)

EXAM PROCESS

SANE Toolkit Companion:

- Sample Policy: Care of Adolescent and Adult Sexual Assault Patients
- Sample Policy: Evidence Storage
- Sample Policy: Medical Screening Examination of Adolescent and Adult Sexual Assault Victims
- Sample Policy: Suspect Exam
- "What is the reason for your visit today?" Checklist (can be laminated to use as a whiteboard)

Resources

EXAM PROCESS, CONTINUED

Other materials:

- Centers for Disease Control and Prevention: Sexual Assault and Abuse and STDs (https://www.cdc.gov/std/tg2015/sexual-assault.htm)
- Centers for Disease Control and Prevention: Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV (https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf)
- HIV Post-Exposure Prophylaxis Discharge Instructions (http://oregonsatf.org/wp-content/uploads/2017/11/nPEP-DC-instructions-for-TRUVADA-ISENTRESS-TIVICAY-Nov-2017.pdf)
- Oregon Sample Discharge Instructions (http://oregonsatf.org/wp-content/uploads/2016/12/Adolescent-and-Adult-Sexual-Assault-Discharge-Instructions-2019.docx)
- Oregon State Adult-Adolescent Sexual Assault Exam Form (http://oregonsatf.org/wp-content/uploads/2016/12/Oregon-SA-Medical-Forensic-Exam-Form-Fall-2020.pdf)
- Oregon Sample Consent Form (http://oregonsatf.org/wp-content/uploads/2016/12/Consent-2020.pdf)
- Oregon Sample Release of Information Form (http://oregonsatf.org/wp-content/uploads/2020/02/Release-of-Information-2020.pdf)
- State of Oregon Medical Guidelines for Sexual Assault Evaluation: Adolescent-Adult (http://oregonsatf.org/wp-content/uploads/2016/12/MEDICAL-FORENSIC-GUIDELINES-RevOct2019.pdf)
- Oregon Health Authority: Emergency Contraception after Sexual Assault (https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/ReproductiveSexualHealth/Pages/SexualAssault.aspx)
- SATF Homicide Prevention: Understanding the Potential Consequences of Strangulation (http://oregonsatf.org/wp-content/uploads/2018/06/Strangulation-White-Paper-2018.pdf)

Resources

EVIDENCE COLLECTION

SANE Toolkit Companion:

- Sample Policy: Evidence Storage

Other materials:

- Oregon State Adult-Adolescent Sexual Assault Exam Form (http://oregonsatf.org/wp-content/uploads/2016/12/Oregon-SA-Medical-Forensic-Exam-Form-Fall-2020.pdf)
- SATF Medical Forensic Exam Pubic Hair Plucking Policy (http://oregonsatf.org/wp-content/uploads/2016/12/PLUCKING.pdf)
- SATF Photography as an Adjunct to the Sexual Assault Medical-Forensic Examination (http://oregonsatf.org/wp-content/uploads/2020/04/Photography-as-an-Adjunct-to-the-Sexual-Assault-Medical-Forensic-Examination.pdf)

SAFETY PLANNING

Other materials:

- Oregon Law Help Housing Rights for Domestic Violence, Sexual Assault, and Stalking Survivors (https://oregonlawhelp.org/resource/housing-rights-for-domestic-violence-sexual-a?ref=fHhwv)
- Temporary Assistance for Domestic Violence Survivors in Oregon (https://www.oregon.gov/DHS/ABUSE/DOMESTIC/pages/tadvs.aspx)
- Oregon Law Help A Safe Place to Work: Workplace Rights for Survivors of Domestic Violence, Harassment, Sexual Assault, or Stalking (https://oregonlawhelp.org/files/CCDACC15-944D-570E-7F1F-7BBF3DEC0018/attachments/38BAB471-ED3D-246F-E8FE-7930F0D1538D/employment-protections-for-survivors-8-3-17.pdf)
- Oregon Judicial Branch Protective Orders (https://www.courts.oregon.gov/programs/family/forms/Pages/protective-orders.aspx)

SANE/SAE Program Toolkit

OREGON ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE

www.oregonsatf.org | taskforce@oregonsatf.org