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McNair Scholar Research

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Abstract

Sexual assault happens every 107 seconds (Rape, Abuse and Incest Network, 2015). Victims may seek help at an emergency room. Sexual Assault Nurse Examiners (SANE) programs exist in approximately 5,000 emergency rooms and other facilities in the United States. Programs provide, “comprehensive medical, and emotional care” to sexual assault victims (Campbell & Townsend, 2006). This research sought to understand how programs implement and perceive their services through qualitative interviews with key informants. Findings were not significant due to the low response rate. The methodology provides staff tools to evaluate SANE programs, as evaluations are critical for ethical and effective services (Fehler-Cabral, Campbell, & Patterson, 2011).
Introduction

Problem Statement

Females and males, adults and children, are sexually assaulted every day. According to the Rape, Abuse and Incest Network (2015), a person is sexually assaulted every 107 seconds. After a sexual assault, victims may choose to go to an emergency room for help. In approximately 5,000 emergency rooms and other medical facilities around the U.S., there are Sexual Assault Nurse Examiner (SANE) programs. These SANE programs are in place to provide “comprehensive, medical, and emotional care” to all sexual assault victims. SANE programs have specially trained forensic nurses who are on call 24-hours a day to work with sexual assault victims (Campbell et al., 2006). These nurses are the first responders, providing significant medical and supportive services. All SANE programs have a similar goal in which they strive to increase their consistency when helping victims. This includes providing accurate information to victims regarding their injuries and helpful referrals to follow-up care, including sexual assault victim advocacy programs (Campbell et al., 2006).

The purpose of the research was to determine how programs measure their effectiveness and improve their care for victims. The research questions were, “How are the emotional experiences and medical care of sexual assault victims who work with SANE nurses understood by the programs?” and “How are the experiences evaluated to improve services?”

Problem Background

A review of the literature showed major themes in regards to sexual assault victims, their needs, and the role SANE programs play in meeting those needs. Sexual assaults can be brutal experiences for victims and have significant negative impacts, both short-term and long-
term. The impacts can be experienced differently by each victim, but with common themes. Short-term effects include post-traumatic stress disorder symptoms, physical injuries, acquired sexually transmitted diseases, and changes in eating and sleep patterns (Strike & Ferris, 2001). Following the experience, victims may also demonstrate self-harm behaviors including thoughts regarding suicide (N. Sarkar & R. Sarkar, 2005). Long-term issues can include substance abuse, pregnancy, STDs, HIV concerns, mental health problems such as anxiety and depression, obesity, relationship problems, guilt and feelings of shame, and changes in sexual functioning (Draucker, 1999). Some victims of sexual assault who sought out services from medical centers did not receive the appropriate or/and effective services needed to address the issues they were dealing with, resulting with unresolved emotional and physical symptoms. These victims experienced secondary victimization, defined as, “Victim-blaming attitudes, behaviors, and practices engaged in by community services provided which result in additional trauma for rape survivors” (Campbell & Raja, 1999). These experiences can leave victims feeling powerless, and/or with feelings of shame or guilt (Campbell, 1998).

There are two different areas in which victims report not getting the help they needed, legal systems and medical settings. Research shows that it is common for victims to feel violated by police officers (Campbell, 2005). When interacting with a police officer after an assault, victims reported officers discouraged them from reporting the assault and, in some cases, even refused to take a report. The questions asked by police officers also left victims feeling violated and in distress (Campbell, 2005). Questions ranged from if the victim had prior association with the perpetrator, how long they had known the perpetrator, and if the victim had responded to the assault, i.e. if they orgasmed. These experiences commonly leave victims
reluctant to ask for help again regarding their experiences. Campbell (1998) additionally found that when victims turned to the legal systems to get their cases prosecuted, it was common for “good victims” to get their cases farther in the legal system and prosecution rates were higher. Victims who showed signs of trauma were considered “good victims” by staff in legal systems and were credible. If victims did not show many signs of trauma then they were considered “bad victims” and often cases were not taken as far into the legal systems as other cases (Campbell, 1998).

In medical settings, victims reported not getting adequate services regarding their needs. Victims were not informed about pregnancy, human immunodeficiency virus (HIV), and sexually transmitted diseases (STD) or services that could help them with these issues (Campbell & Raja, 1999). Research by The National Victims Center concluded that 60% of sexual assault victims were not informed of pregnancy testing when in the emergency room, and 73% of victims were not informed about HIV testing (Campbell, 1998). A common theme among all victims was feeling blamed for what happened and disrespected by medical professionals (Campbell & Raja, 1999). During their visits, victims reported the questions asked by medical professionals left them feeling violated. The questions asked were regarding victims’ sexual histories and victims’ behavior before the assault (Campbell, 2005) implying that victims were at fault for the sexual assault.

A crucial part of victims receiving care comes from the medical exam done after the assault. Sexual assault victims also report issues with exams; the exams were done quickly, approached as impersonal by medical staff, and did not address their specific needs or
concerns. Victims felt re-victimized and often left the hospital feeling depressed and hesitant to seek out further care (Fehler-Cabral et al., 2011).

Follow-up care was another issue victims reported as a concern. Victims felt they did not receive enough information regarding services that may benefit victims (Campbell, 2005). The research literature shows a consistent theme; after receiving medical care by professionals, victims left feeling depressed, violated, anxious, and feeling bad about themselves. The negative experiences by victims in medical settings were a primary reason why SANEs were placed in hospitals and medical centers. The negative experiences encouraged medical professionals to seek out a better way to help victims. SANE programs are in place to do that.

The literature review demonstrates that SANE programs were created to provide better services to sexual assault victims and their needs in medical settings. In the United States alone, there are approximately 500 SANE programs, with this number growing each year. The goal of SANE programs is to work closely with rape victim advocates and rape crisis centers in order to offer services to rape victims in medical settings (Fehler-Cabral et al., 2011). SANE programs work hard to deliver adequate and sensitive emotional care along with medical care. In order to provide emotional care, SANE programs focus on how their staff, primarily nurses, can make their patients feel safe and comfortable. Nurses focus on their body language and tone, reflecting a calm demeanor. They spend more time with victims before, during, and after the exam, and provide them with referrals regarding follow-up care and services (Campbell & et al., 2006). SANE programs pair nurses with advocates to offer patient crisis interventions (Cole & Logan, 2008).
SANE programs focus on delivering adequate medical care in many different ways. One way is by providing their patients with emergency contraception, as appropriate, along with a head to toe examination in order to collect all of the evidence and send it to the police station if the victim chooses to report (Fehler-Cabral et al., 2011). One aspect of the SANE program that stands out is the use of special forensic equipment during exams. Often they use a colposcopy which allows them to detect if there is any genital bruising or micro lacerations (Fehler-Cabral et al., 2011).

SANE programs have been found to positively impact sexual assault victims in numerous ways in both legal systems and medical settings. First, SANE programs take the time to give the best medical care possible. They take an in depth medical exam and provide the police station with detailed documents of the incident if the victim chooses to report, which have led to higher prosecution rates (Campbell et al., 2006). For example, in Wisconsin for a 3 ½ year period, conviction rates were 100% in cases where a SANE testified at the trial (Littel, 2001).

Conviction rates were not the only positive impact SANE programs had on victims. Victims also receive better medical care and information. Medical concerns, such as pregnancy and STDs, are discussed with victims before discharge from the hospital. Victims are informed about the injuries they may have sustained and related follow-up care (Campbell et al., 2006). Previous research findings show that when it comes to emotional care, victims report positive experiences after working with a SANE (Campbell et al., 2006). Victims are informed about the medical exam, which is facilitated at the pace a victim is comfortable. SANE programs have noted that the exam and talking about the assault is usually the hardest part for victims; therefore, they implement certain strategies in order to make the process easier (Campbell et al., 2006).
al., 2006). Nurses do this by talking to victims in a neutral tone with a calm manner and do not use medical terminology. Nurses also spend more time with their victims and answer any questions they may have along with making referrals to any services in town from which they feel the victims could benefit. Overall, it has been found that SANE programs have impacted victims positively.

Evaluations provide information on the effectiveness of SANE programs, including strengths and areas for development to better serve victims. One way in which SANE staff members evaluate their programs is by looking at the prosecution rates to see if there have been any improvements (Fehler-Cabral et al., 2011). SANE programs are able to do this through their own research and program evaluations. In order to find out more about prosecution rates SANE programs focused on two samples, police and legal prosecutors (Fehler-Cabral et al., 2011). Findings in the research concluded that SANE programs often provide more specific detail regarding the assault to legal systems, which gives prosecutors an advantage in charging the case.

Past program evaluations included victims and their experiences working with SANEs for medical services and emotional support. Evaluation focused on if victims are getting the medical care needed, particularly in relation to possible pregnancies, STDs or HIV. Emotional care was evaluated based on how SANE staff interact with victims and if other referrals are made based on their emotional concerns.

In a national research project, researchers used random sampling to choose approximately 110 different programs to measure the consistency of 17 services provided for sexual assault victims. Phone interviews were facilitated which explored in depth those
concepts related to SANE program service. Primarily open-ended questions focused on program history, structure, techniques used, goals, outcomes, procedures, and others. These answers provided the researchers with insights as to the effectiveness of SANE programs in meeting their primary goal. SANE programs were found to focus on body language, and a soft tone when working with victims in order to make them feel safe and comfortable (Campbell et al., 2006), particularly given that the pelvic exam was found to be difficult for victims as well as talking about the assault. Nurses attended to anxiety and emotional needs of victims by explaining the exam step by step both before and during the exam. Findings show that SANE nurses spend more time with their victims in comparison to other medical professionals without similar training.

**Research statement, purpose, and rationale**

The purpose of this research was to determine how SANE programs evaluate the effect of their services on victims of sexual assault and determine what concepts or factors are important in evaluations. Are programs positively impacting victims? How do they know? If not, how can programs be improved to benefit victims? The research questions were, “How are the emotional experiences and medical care of sexual assault victims who work with SANE nurses understood by programs? How are the experiences evaluated to improve services?” Sexual assault victims need adequate emotional and medical care after their experiences, which is the primary goal of SANE programs. When victims receive the care needed, trauma can be minimized (Cole & Logan, 2008). If victims do not receive the care they need, they can leave the emergency rooms feeling powerless and hopeless. SANE programs seek to empower victims and provide emotional support and medical services. This can help give victims direction, hope
and goals (Duma, Mekwa & Denny, 2007). Evaluations need to be used to assess current services and develop SANE programs to further meet needs of victims.

**Sampling**

Probability sampling was used to select the participants, key informants, for the research. These key informants were staff at SANE programs and found on the International Association of Forensic Nurses database (http://www.forensicnurses.org/?page=A5). The list included 692 of programs with locations in the United States. Selection criteria for inclusion in the research required programs to be located within the United States and to be community-based rather than those based in medical centers. The criteria were used to reduce the list from 692 to 23 SANE programs. Random sampling was then used to choose ten programs to contact. Phone calls were made to these programs to request a phone interview.

Data collected from this research was not generalized due to the response rate from participants. There were a total of ten key informants called, however, only four participants agreed to participate in the research. If there was a better response rate, it is possible the research could have been generalized. SANE programs each have the same training needed to certify their nurses as sexual assault nurse examiners with similar services offered, resulting in a somewhat homogeneous population. While geographic characteristics would differ, a higher response rate from all programs selected could provide significant findings.

**Research methodology**

The focus of the study was a needs assessment of SANE programs using the strengths perspective as appropriate to social work practice. Marlow (2011) identified that a primary reason for conducting a needs assessment includes what barriers prevent clients from accessing
existing services. In keeping with this reason, this research was focused on how programs define the emotional and medical needs of victims and how they evaluate services based on those definitions to improve outcomes. This understanding of needs of victims can help programs determine if programmatic barriers exist such as lack of effective and sensitive communication, which affect outcomes of services for victims.

Data collection included conducting phone interviews with key informants. Strengths of the data collection method include being able to set up a time that was most convenient for key informants. The phone interview allowed key informants to answer the questions in the comfort of their own offices. Because participants received the informed consent and questions before the interview, participants had time to consider the questions prior to the interview.

Weaknesses of this data collection included asking key informants to take time out of their day to do a phone interview, with limitations regarding convenience. A specific time and day had to be determined for the phone interview, unlike a survey that could be completed at any time. A concern in terms of this type of data collection was that participants may have responded to questions in a quick matter instead of providing in-depth information. This could be due to the fact key informants had a busy schedule and felt they didn’t have enough time to answer each question fully (Marlow, 2011).

Qualitative and interpretative analysis was used for the data collected. The researcher reviewed each of the responses and found common patterns which emerged from the data.

The data collection instrument, an interview, demonstrated content validity and reliability. Face and content validity were present as each question in the interview had a specific purpose and was clearly related to the pertinent literature. For example, the researcher
found SANE programs prioritize prompt and compassionate care to sexual assault victims with comprehensive medical services and evidence collection (if the victims choose to report the crime; Littel 2001; Pearsall, 2013). Interview questions focused on the medical and emotional services that SANEs provide in relation to the literature concepts. Another main finding from the literature review shows that victims have experienced secondary victimization during their time at the emergency room, resulting in the feeling that the assault was her or his fault (Little, 2001). A related research question asked if respect was a priority of the program, with a request for an example of a situation in which respect is demonstrated. The literature review also showed victims did not have access to viable resources that could be helpful to them following their experiences (Littel, 2001). An interview question that was asked in regards to this information included asking key informants if nurses provided resources or referrals to victims and, if so, what type do they share. If nurses did not provide resources or referrals they were asked to explain why.

The data collection technique demonstrated reliability because the research was grounded in the Campbell and Townsend (2006) study, and included main concepts studied in the previous research. SANE programs have been implemented since 1990 and there has been research done concerning SANE programs and their effectiveness. Previous research focused on interviewing with the most experienced SANE staff in the program and asking a series of questions. These questions were arranged to gather data in regards to the structure of the program, services provided, secondary trauma, training etc. The current research was also focused on SANE programs, the care provided, services provided, and the structure of the program. Once data collection was completed and data was analyzed, the researcher compared
the findings with the previous studies conducted and the data collected from SANE programs. Comparing the two findings allowed the researcher to determine the relationship between the current findings and previous research.

Ethical issues were present in the research. A primary ethical concern, as well as social justice issue, that help focus the research was the importance of serving vulnerable people - those who have experienced sexual assault. Sexual assault victims experience trauma, and if people are re-victimized during their visit to the emergency room, there is a significant ethical concern. SANE programs were created to address this issue. SANE programs have the responsibility to determine their effectiveness in working with victims and related systems (medical, legal) to promote ethical care.

The research was related to two main core social work values. These values include dignity and worth of the person, along with importance of human relationships. Dignity and worth of the person was related to both the sexual assault victims and the participants in the research. Sexual assault victims deserve to be treated with worth and dignity, and their concerns to be addressed. They should receive medical and emotional care following their experiences. Their worth does not diminish by what they went through and victims should not be blamed. The researcher conducted the literature review and interviews with this concept in mind. The value importance of human relationships is crucial, not only for the SANE programs to have positive relationships with victims, but also for the researcher to make positive connections with the key informants.

Confidentiality is a critical concept in social work. The researcher ensured that all key informants’ information and responses remained confidential. This was possible by the type of
questions asked, as there was no identifiable information requested. Confidentiality was ensured during data analysis. The data was analyzed and only themes were reported in findings, rather than individual responses.

Analysis

The analysis for the research included data from the key informants that were contacted. Of the ten key informants contacted to participate in the research, only four participants agreed to participate. The response rate was 40% and thus, due to the low response rate, the research could not be generalized. The type of process used to analyze the data from the interviews was qualitative; the primary analysis tool was Excel. The process followed the following steps:

1. The first column in the Excel spreadsheet listed the major concepts related to sexual assault nurse examiner programs based on the literature: SANE services provided, emotional care, medical care, and program structure of SANE programs.

2. Each of the ten interview questions was assigned to a concept as related to the research (also a step in developing the interview questions) and listed in the first column with the appropriate concept. The second column identified which article focused on the concept and from which the question had been developed. The next four columns included the responses from the participants.

3. After setting up the Excel spreadsheet, the researcher then transcribed the notes from the interviews including those submitted by email and placed them into the appropriate column on the spreadsheet.
4. In the final step, the use of the Excel spreadsheet allowed for a thorough review of participants’ responses across the columns. The findings were compared and themes determined.

Results

After analyzing the data collected from the interviews several themes emerged. Those themes are reported for each major concept.

Services provided.

In response to the question, “Do the nurses provide resources/referrals to victims? If yes, what type of resources/referrals do they share? If not, please explain why?” analysis showed that SANE programs do provide resources and referrals to sexual assault victims, with referrals individually provided for individuals based on experience, history, issues, and needs. These referrals are often to mental health services and law enforcement. In the responses to, “Overall, how would you rate your SANEs abilities to providing care and services to victims?” each of the participants confirmed their SANE programs provide excellent services to victims. They believe their nurses are well trained and have lots of experiences.

Emotional care.

Analysis to the question, ““What are the emotional needs of the victims and what services do nurses provide?” indicated that victims need to tell their stories/experiences and be heard without any judgment on the part of the medical professional. A theme emerged which indicates that SANE programs approach working with each victim as an individual based on experience, history, issues, and needs. Respect was a major theme and prioritized by programs, as indicated in the responses to, “Is respect a top priority in your SANE program? If
yes, could you define respect”? Please explain a situation in which respect is demonstrated”. To show victims respect, nurses allow victims to make their own decisions and to be in control of their visit.

**Medical care.**

Analysis to the question, “What are the medical needs of the victims and what services do nurses provide?” showed that medical care can be, but is not limited to, pregnancy testing, contraceptives, a forensic exam, and other healthcare for any injuries the victim might have sustained.

**Program structure.**

In response to, “Are there common intervention that the SANE use when working with victims?” analysis determined that services provided by SANE programs are client-centered. Each victim is treated differently based on experiences and needs, with medical care lasting from an hour and a half to two hours. In addition to medical intervention, the findings showed that nurses often provide help when it comes to the law enforcement side of the experience.

In response to, “What are the strengths of your SANE program?” each of the programs believed their nurses are dedicated to their work and are willing to improve. Programs rate their overall staff as “good”. In response to the question, “What are the areas of development for your SANE program and the nurses (in regards to skills, abilities, and knowledge)?” analysis determined that training of new nurses and maintaining consistency in services to victims are priorities.
The majors themes found from data analysis included concepts from services provided, emotional care, and medical care. Findings were similar to and supported by the literature review. Data analysis showed that SANE programs are working to provide sexual assault victims with adequate medical and emotional care. This includes providing victims with resources, most often to the mental health field and law enforcement. Campbell and Townsend et al (2006) clearly state the importance of SANE programs and how critical it is for sexual assault victims to receive effective medical care.

Themes related to SANE program structure are supported by the literature. Analysis concluded that SANE programs treat each of their sexual assault victims differently based on experience, history, issues, and needs. Therefore, each victim receives similar but different care. Campbell and Patterson (2010) identified similar findings. It is common for SANE programs to work closely with victims in regards to law enforcement. SANE programs are proud of their nurses and analysis include nurses are dedicated and have many years of experience.

**Application of research**

In completing the research, it was determined that the research process can be applied to SANE programs in numerous ways. The key concepts as determined by the literature review can be helpful to SANE supervisors by providing guidance as to the concepts important in program evaluation and determining the effectiveness of the services provided to sexual assault victims. Evaluating programs gives supervisors the potential to determine which parts of the program need improvement and how the programs can improve services provided. SANE programs can also use the questions used for the interview as a foundation to frame evaluation tools. These tools can evaluate certain services that are being provided in order to determine
any changes that might need to be made. As stated previously, program evaluations are important to determine if victims are provided with sensitive and effective services which meet ethical practices.

Summary of major findings

Two major themes emerged from the research. First, SANE programs have well-trained, experienced nurses. Nurses complete significant training, and have the knowledge needed in order to provide effective and sensitive services to victims. Second, SANE programs focus on treating each victim as an individual in order to provide them with the care they need. Programs are able to do this through learning about victims’ experiences, needs, and history. While similar services are provided, no victim is ever treated exactly the same as another, and each victim receives care as appropriate to her or his experiences, needs, and history.

Suggestion for future research

For future research, the researcher suggests changing the process that was used to collect data. The response rate was lower than desired. In order to increase the response rate, the researcher suggests increasing the number of key informants that are contacted and extending the time frame for data collection. If data collection was extended this could also improve the response rate. Another process that is suggested for further research includes replicating the process Campbell and Townsend used in their 2006 research. Replicating their process would also allow researchers to compare their results to the previous results. Finding main themes and comparing the differences between the years could benefit SANE programs and the services that are provided. Results would allow programs to see evaluate changes that have been made and any improvements that need to be made.
Conclusion

The research questions, “How are the emotional experiences and medical care of sexual assault victims who work with SANE nurses understood by the programs?” and, “How are the experiences evaluated to improve services?” were not fully answered due to the low response rate. However, the research questions provide the basis for program evaluations and to determine if effective services are offered in accordance with victims’ experiences, needs, and histories. As stated in Fehler-Cabral et al. (2011), program evaluations are critical to evaluate if services are consistently provided and what areas need development.
Reference List


Draucker, C. B. (1999). The psychotherapeutic needs of women who have been sexually assaulted. *Perspectives in Psychiatric Care, 35*(1), 18.


Appendix A: Informed Consent

Informed consent

Purpose

The purpose of this research is to determine how programs understand and evaluate sexual assault victims’ medical and emotional experiences in the emergency room when provided a Sexual Assault Nurse Examiner (SANE).

Procedure

Data will be gathered through an interview with 10 questions. Your answers will remain confidential. No identifying information (name, program, state) will be recorded. I will take notes during the interview, and then transcribed them into a password-protected document. All original notes will be shredded. Once the interview is complete, no additional information will be requested.

All information from participates will be reported in the final research paper as aggregate data; no single program will be identified.

Time required

It will take you approximately 30 minutes to participate in the interview.

Risks

The following research does include risks, including time to take the survey and the nature of questions being asked. The interview questions ask you about your SANE program including strengths, and areas of growth. If you consider this information to be confidential or private, please note that you can skip any question. If at any point you would like to stop the interview, please let me know and we will do so.

Your rights as a subject:

- The information gathered throughout this research will be anonymous and any information received will not be disclosed in any way that you could be identified.
- If at any point you would like to draw out of the research you may do so without penalty. Any information collected up to that point may be destroyed if you so desire.
- At the end of the research, you will have the right to a debriefing. If you have any questions regarding the research you may do so by calling or emailing the following:

  Katie Wilke, McNair Scholar at KWILKE7@UWSUPER.EDU OR

  Dr. Monica Roth Day, Social Work Faculty/McNair Mentor at 715-394-8486 or mrothday@uwsuper.edu.

Once the study is completed, you may request a summary of the results.
If you have any concerns about your treatment as a subject in this study, please call or write:

Dr. Eleni Pinnow, IRB Chair at (715) 394-8312 or irb@uwsuper.edu.

This research project has been approved by the UW-Superior Institutional Review Board for the Protection of Human Subjects, protocol # 1133.

Please confirm via email that you have read the above information and willingly consent to participate in this experiment.
Appendix B: Interview Questions

1. When the SANE meets with the victim at the emergency room, how long (minutes, hours) does the meeting/exam usually last?

2. What are the medical needs of victims? Can you please share the services nurses provide?

3. What are the emotional needs of victims? Can you please share the services nurses provide?

4. Is respect a top priority in your SANE program? If yes, could you define “respect”? Please explain a situation in which respect is demonstrated.

5. How do the SANEs provide services that are unique to each victim they work with?

6. Are there common interventions that the SANEs use when working with victims?

7. Do the nurses provide resources/ referrals with victims? If yes, what type of resources/referrals do they share? If not, please explain why?

8. Overall, how would you rate your SANEs abilities to providing care and services to victims?

9. What are the strengths of your SANE program?

10. What are the areas of development for your SANE program and the nurses (in regards to skills, abilities, and knowledge)?