Objectives

- To define SANE/SART
- To identify the role of forensic nurse examiners
- To identify victims
- To become familiar with the process of a SANE/SART examination
- To understand terminology of the exam
- To identify myths
- To raise awareness of state and national statistics
- To gain understanding of the team approach in caring for victims of violent crimes

Who Are We?

- We are the first forensic nursing program for Wesley Medical Center, opening our doors Dec. 3, 2012
- We are a group of full-time and on-call RNs with specialized training in medico-legal exams, evidence collection, forensic photography, and courtroom testimony
- We are one component of the Sexual Assault Response Team (SART) which consists of nurse examiners, law enforcement, DA’s office, mental health providers, social work, and advocates
Becoming a SANE
To become a Sexual Assault Nurse Examiner (SANE), otherwise known as a forensic nurse examiner, you must:
- Be a registered nurse for at least 1 year
- Complete a 40 hour didactic training
- Complete a 3-6 month preceptorship with an experienced SANE
- Complete a 24 hour virtual practicum
- Continuing education

What Do We Do?
- We provide comprehensive care for patients who are victims of violent crimes, such as, sexual assault, child abuse, domestic violence, elder abuse, and physical assaults
- We conduct suspect exams when requested by law enforcement
- We conduct post-mortem exams on victims of rape/homicide
- We train providers, advocates, and law enforcement
- We provide community education

More of What We Do
- We see patients from Wichita, Sedgwick Co., MAFB, and all surrounding cities and counties
- We see a large population of pediatric patients for child maltreatment in conjunction with Dr. Kent Weeks
- We see patients of all ages – birth through death
- We participate in multi-disciplinary team meetings, and are involved in various committees and coalitions pertaining to the services we provide
SANE Programs in Kansas

- Chanute Neosho Memorial Regional Medical Center Emergency Dept. 620-432-5716
- Coffeyville Coffeyville Regional Medical Center Emergency Dept. 620-252-2201
- Dodge City Western Plains Medical Complex Emergency Dept. 620-225-8475
- Emporia Newman Regional Health SANE/SART Program 620-343-6800 ext. 1000
- Garden City St. Catherine Hospital SANE/SART Program 620-272-2294
- Great Bend Central Kansas Medical Center Emergency Dept. 620-780-2142
- Hays Hays Medical Center 800-248-0073
- Hiawatha Hiawatha Community Hospital’s SANE/SART Program 785-742-6264
- Hutchinson Promise Regional Medical Center - Hutchinson Emergency Dept. 620-513-3538
- Kansas City KU Medical Center Emergency Dept. 913-588-6500
- Lawrence Lawrence Memorial Hospital Emergency Dept. 785-749-6162
- Leavenworth Alliance Against Family Violence 913-680-6100
- Manhattan Mercy Regional Health Center SANE/SART Program 785-776-6880
- McPherson Mercy Hospital, Inc. SANE/SART Program 620-241-2251 ext. 277
- Oswego Oswego Community Hospital 620-795-2921
- Overland Park Saint Luke’s 913 317-7000
- Pittsburg Mt. Carmel Regional Medical Center SANE/SART Program 620-232-0289
- Salina Salina Regional Health Center SANE/SART Program 785-452-7095
- Shawnee Mission Shawnee Mission Medical Center 913-676-2000
- Topeka Stormont Vail Healthcare SANE/SART Program 785-354-6107
- Wichita Via Christi Regional Medical Center SANE/SART Program 316-689-5252
- Wichita Wesley Medical Center 316-962-9122
- Winfield Willbern-Newton Hospital 620-221-2300 ext. 499

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KS 21-3501

Definitions. The following definitions apply in this article unless a different meaning is plainly required: (1) "Sexual intercourse" means any penetration of the female sex organ by a finger, the male sex organ or any object. Any penetration, however slight, is sufficient to constitute sexual intercourse. "Sexual intercourse" does not include penetration of the female sex organ by a finger or object in the course of the performance of:

(a) Generally recognized health care practices; or
(b) a body cavity search conducted in accordance with K.S.A. 22-2520 through 22-2524, and amendments thereto.

(2) "Sodomy" means oral contact or oral penetration of the female genitalia or oral contact of the male genitalia; anal penetration, however slight, of a male or female by any body part or object; or oral or anal copulation or sexual intercourse between a person and an animal. "Sodomy" does not include penetration of the anal opening by a finger or object in the course of the performance of:

(a) Generally recognized health care practices; or
(b) a body cavity search conducted in accordance with K.S.A. 22-2520 through 22-2524, and amendments thereto.

(3) "Spouse" means a lawful husband or wife, unless the couple is living apart in separate residences or either spouse has filed an action for annulment, separate maintenance or divorce or for relief under the protection from abuse act.

(4) "Unlawful sexual act" means any rape, indecent liberties with a child, aggravated indecent liberties with a child, criminal sodomy, aggravated criminal sodomy, lewd and lascivious behavior, sexual battery or aggravated sexual battery, as defined in this code.

History:
Rape.

(a) Rape is:

(1) Sexual intercourse with a person who does not consent to the sexual intercourse, under any of the following circumstances:

A. When the victim is overcome by force or fear;

B. When the victim is unconscious or physically powerless;

C. When the victim is incapable of giving consent because of mental deficiency or disease, or when the victim is incapable of giving consent because of the effect of any alcoholic liquor, narcotic, drug or other substance, which condition was known by the offender or was reasonably apparent to the offender;

D. Sexual intercourse with a child who is under 14 years of age;

E. Sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a medically or therapeutically necessary procedure;

F. Sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a legally required procedure within the scope of the offender's authority.

(b) It shall be a defense to a prosecution of rape under subsection (a)(2) that the child was married to the accused at the time of the offense.

(c) Unless provided further, rape as described in subsection (a)(1) or (2) is a severity level 1, person felony. Rape as described in subsection (a)(2), when the offender is 18 years of age or older, is an off-grid person felony. Rape as described in subsection (a)(3) or (4) is a severity level 2, person felony.

History:


Myths

- Sexual assault is caused by an uncontrollable sex drive
- Women provoke sexual assault by what they wear or how they act
- Women often make false reports
- Most rapists are strangers
- Sexual assault doesn't happen in my town
- Sexual assault doesn't happen to men and elderly adults

More Myths

- It's not rape if she didn't tell him to stop
- There must be injury for it to be rape
- A forensic nurse examiner can look at a person's genitals and tell if there has been a sexual assault
- Virginity tests
National Statistics

- 1 in 3 women will be a victim of rape or attempted rape in her lifetime
- 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18
- 1 in 33 men have been victims of sexual assault
- Every 2 minutes, someone in the U.S. is sexually assaulted

RAINN (Rape Abuse and Incest National Network)

More Statistics...

- Almost 2/3 of rapes were completed by someone known to the victim
- 43% of rapes occur between 6 pm and midnight
- 54% of sexual assaults are not reported to the police
- 97% of rapists will never spend a day in jail

RAINN (Rape Abuse and Incest National Network)

Kansas Statistics

- Approximately 245,000 women and 40,000 men in KS will be raped in their lifetime
- In KS, 1 rape is reported to law enforcement every 7 hours
- In 78% of these reported cases, the assailant is known to the victim
- Sexual violence happens in every community in KS

Kansas Coalition against Sexual and Domestic Violence (kcabs.org)
The Victim
- We see patients of all races, all ages, both genders, transgender, and from all socio-economic backgrounds.
- Victims are usually more fearful of coming to us than of going to the doctor due to perception that exam will be traumatic.
- Victims may be fearful of reporting due to fears of not being believed, being judged, their perception of what “rape” is, etc.
- Men have more difficulty reporting and/or having exam due to fears of being seen as weak, of their masculinity being questioned, or retaliation.

Victims Response to Trauma
- May be unaware of environment.
- May feel like an outside observer – “out of body experience.”
- May appear very anxious.
- May appear “numb” or unconcerned.
- May laugh nervously or make jokes.
- May become distressed when talking about the assault.
- May project their anger on you.

Effects on the Investigation Due to Stress of the Assault
- Inability to recall important details.
- Inability to concentrate or comprehend.
- Delayed reporting.
- May protect the perpetrator – due to emotional attachment or out of fear.
- Impaired perception of passage of time.
- History of previous assaults coupled with psychiatric issues may cause inability to separate details of each event.
- Reactions to drugs/alcohol.
The Process

- Acute cases (assault occurred within 96 hours) usually present to the ED, either on their own, by EMS, or by police.
- Patients presenting to Wesley do not have to be seen by an ED physician unless they have obvious reason or they are under the age of 13 (some exceptions).
- Scheduled exams – assault occurred more than 1 week ago; usually children.
- Patients who are 18 and over, and no weapon was involved in the assault, may make an anonymous report.

The Process (con’t)

- Pt signs consents
- Thorough history for purposes of diagnosis and treatment, and appropriate evidence collection.
- Head-to-toe assessment
- Detailed genital exam
- Evidence collection
- May collect DFSAs
- Provide resources (safety plan, shelter, counseling)
- Provide STI/pregnancy prophylaxis
- Provide education (meds, follow up testing).

Vagina Monologues 101

- Terms you may hear when getting report from us or reviewing your documentation:
  - Labia majora
  - Labia minora
  - Clitoral hood
  - Hymen
  - Posterior fourchette
  - Fossa navicularis
  - Perineum
  - Anus
Vagina Monologues (con’t)
- We will describe injuries as though a clock face has been imposed
- What is a laceration?
- What is an abrasion?
- Blunt force penetrating trauma
- How do SANEs/FNEs describe debris?

Injury vs. No Injury
- Why is there injury?
  - Positioning
  - Amount of force
  - Difficulty with insertion
  - Estrogen effect
- Why is there NO injury?
  - Estrogen effect
  - Relaxed state due to drugs/alcohol
  - Grooming process in children

The Big Question
- Can the absence of injury be consistent with the history of alleged sexual assault?
  YES!!
What Do FNEs Need From You?
- A detailed verbal report
- A case number
- Your ID number and jurisdiction
- Your contact information
- Is there specific evidence you want collected? (Such as, blood/urine for DFS, clothing, etc.)
- Where will the victim go after the exam?
- Provide warrant for suspect exams
- Who do we call to pick up kit/evidence?
- Please stay until our arrival, if at all possible!

Tips From an FNE’s Perspective
- Recognize the victim is a crime scene – encourage them not to bathe/shower, not to eat/drink
- Medical needs of the victim should always be a priority
- Be aware of your own discomfort/biases
- Be aware of cultural differences
- Avoid judgmental statements
- Keep in mind that ANYONE can be a true victim

Case Study #1
- 20 year old female university student
- Witnesses report she was seen shoved from a car, then stumbling across the parking lot
- Witnesses call 911
- Reasons she might have been stumbling?
- She reports she thinks she was sexually assaulted
- Name types of evidence to be collected
- Other types of care she may need
Case Study #2
- Foster parent reports 3 year old male has bruising that she believes may be due to abuse
- Bruises were not present yesterday prior to unsupervised visit with bio-parents
- What types of bruises/injuries are red flags for child abuse?
- There is still an 8 month old infant in the home
- How can a forensic nurse help you?

Case Study #3
- 16 year old male reports he was sexually assaulted by 2 other males last night after meeting them at a shelter and taking them up on their offer for a place to stay
- You've already had run-ins twice with this male for alleged drug use and being a runaway. He reports the 3 of them smoked some marijuana
- Is he a "real victim?"
- What types of evidence might you want the nurse examiner to collect?

What Can We Do For You?
- We place a high priority on the SART model of teamwork
- Research has proven that the use of FNEs increases successful prosecutions
- We are available 24/7 for exams, questions, assistance
- We can provide training regarding forensic exams
Contact Information
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- Wesley Medical Center SANE/SART
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