Selected Results of a National SANE Survey

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We are grateful to each of you who took the time to participate in our survey of SANE programs that serve adults OR adults and children. The response was overwhelmingly positive with a response rate of 91% of a randomly selected sample of SANE programs across the United States.

We hope you find the selected results useful. We are working on several publications that will use this information. Please contact us if you would like information on the status of the planned publications or if you have any other questions (859-257-8248).

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Table 1. Program Characteristics

	(N = 231)
Number of Years SANE program has been in operation	
Less than 5 years	34.2%
Between 5 and 10 years	47.2%
10 or more years	18.2%
Program coordinator (manager, administrator) is a registered nurse, nurse practitioner, or has a Masters degree in nursing	84.8%
Number of Years SANE coordinator worked with program	
Less than 5 years	52.8%
Between 5 and 10 years	35.5%
10 or more years	11.7%
Program service lapsed for a significant period of time (at least a few months)	10.4%
% of programs that serve adult AND children	48.9%
Average total number of cases seen in 2004	139 (3-1,100)
SANE program participates in the following:	
Suspect exams	63.5%
Community meetings	96.1%
Conducts education with community members	95.7%
% of SANE programs that conduct chart review/quality control	96.5%
Average # hours a victim spends with SANE (ranging from 1-7.5 hours)	3.2 hours
Victims must make a report to law enforcement in order to receive a forensic exam	56.3%
Formal system in place to inform the SANE program when a suspect is arrested	39.0%
Of those programs with a formal system in place to track arrests of suspects, SANE program staff know how many cases that were seen in 2004 had an arrest of a suspect	44.4%

Table 2. Three most helpful aspects of the program as identified by survey participants (SANEs)

	% (N = 231)
For the victim	
1. Client-centered care (i.e., compassionate, nonjudgmental, one-on-one care, provide validation, and crisis intervention)	58.0%
2. Quality of medical care (i.e., expertise, specialized training, specialized equipment, provision of medical education)	47.2%
3. Quality of evidence collection & documentation	31.2%
For the criminal justice system	
1. Expertise in medical care and evidence collection and documentation	81.8%
2. Testifying/serving as an expert witness	55.8%
3. Case consultation / education of law enforcement and prosecution about sexual assault	33.8%

Table 3. Three top resources the program needs as identified by survey participants (SANEs)

	% (N = 231)
Three top resources you would find helpful in doing your work	
1. Improved access to training and continuing education opportunities	24.7%
2. Communication and information sharing with other SANE programs (via conferences, networking seminars, visits to other programs, listservs and chat rooms for SANEs, web-based training and information, web conferences, and online newsletters)	19.0%
3. Standardization of SANE training, and dissemination of updated materials to programs	12.6%

Table 4: Select problems for the programs and attempts to address those problems

	% (N = 231)
Problem 1: Staffing (e.g., recruitment, retention, scheduling, overload, need full time coordinator, involvement of physicians)	61.5%
1. Recruiting more nurses, training more SANEs (e.g., spread the word about SANE by word of mouth, flyers, newspaper articles, internet, hospital, other resources; obtain assistance from a nurse recruiting coalition; increase compensation; fund training; create flexible schedules) 2. Retention (e.g., increase compensation or incentives; speed up the payment process for nurse compensation; pay for training; institute a more rigorous screening process; increase communication with SANEs to address their concerns; increase the number of SANEs to reduce demands on individuals; encourage nurse self-care; hold social gatherings; provide counseling to SANEs; provide feedback to SANEs about the outcomes of cases) 3. Scheduling (e.g., reduce coverage; provide on-call schedule; change from an on-call schedule to block scheduling; use more part-time help; use on-call ER nurses; recruit more SANEs/train more SANEs; coordinator covers open shifts)	
Problem 2: Funding issues (nurse compensation, billing issues/compensation funding issues, training and continuing education, staff funding)	53.7%
1. Seeking funds, writing grants (e.g., write grants; renegotiate contracts with funding agencies; seek funds from community agencies and institutions) 2. Hold fundraisers, conferences to raise funds 3. Reduce costs (e.g., reduce coverage, SANEs volunteer time; SANEs use their own resources)	
Problem 3: Need for community education about sexual assault, SANE services	48.9%
1. Increase outreach & education with the community-at-large (e.g., participate in television news broadcasts; develop and implement a multidisciplinary model of community education; spread the word about the SANE program by news, radio, and presentations to schools; talk to community members and different interest groups to rally support for SANEs; participate in a poster campaign and activities related to sexual assault awareness month; get newsprint coverage; give presentations to high school students, college orientations, and college dormitories; work with grass roots organization in housing projects to do community education; develop and hand out brochures on sexual assault and the program)	
Problem 4: Training and continuing education (e.g., hard to find training for SANEs, travel time, difficulty of maintaining competency with a low volume of cases, keeping up-to-date with techniques)	24.2%
1. More funding for initial and ongoing training 2. More training opportunities (e.g., send nurses to training out of the local area, or to trainings not exclusive to SANEs; provide local training; credit nurses for time put into training; schedule training to maximize attendance; require clinical observation before sending nurses to SANE training)	