

Spring 5-15-2013

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SEXUAL ASSAULT AND SANE (SEXUAL ASSAULT NURSE EXAMINERS)
IN OUR COMMUNITY

2013

BY

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HISTORY



Submitted in Partial Fulfillment of the
Requirements for the Degree of Bachelor of Arts
In the Honors Program at
Coastal Carolina University

May 2013

Sexual Assault and SANE

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5/8/2013

Sexual Assault and SANE Programs

Sexual assault and sexual violence is a problem in our society, with one in four college women report surviving rape (15 percent) or attempted rape (12 percent) since their fourteenth birthday, and about 42% of survivors did not tell anyone about their rape.¹ Research on the subject is being done and information in a special report, *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey (NVAWS)*, conducted by American Prosecutors Research Institute and Boston College Connell School of Nursing, exposes some alarming statistics. The study reveals that over half of female victims and nearly seventy five percent of male victims are sexually abused or assaulted before turning 18 years old. Also, the NVAWS report estimates that nearly 17.7 million women and 2.8 million are forcibly raped at some point in their lives. Even though these numbers seem extreme they are in all probability low due to the fear of reporting these cases and incidents.² For my research, I read literature on sexual assault and SANE, and later I conducted several different interviews with people in our community that work with sexual assault victims. I wanted to find out more about sexual assault in my community, and whether there is a SANE program in my area because they are beneficial to the communities in which they are in.

Sexual assault can be difficult to define due to circumstances and perception of people. Some people think of rape as sexual assault, while others do not. Some people do not include sexual assault from a spouse to be sexual assault, so there are several different definitions of sexual assault in our community. Even so, the United States Department of Justice defines it as

¹ R.I Warsaw, *I Never Called it Rape*, New York: HarperCollins Publishers, 1994

² Patricia Fanflik, et al. "SANE/SART Services for Sexual Assault Victims: Policy Implications." *Victims & Offenders* 1, no. 3 (August 2006): 205-212. *Criminal Justice Abstracts with Full Text*

any type of sexual contact or behavior that occurs outside of the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.³ Due to state legislation the definition of rape varies between states. The majority of state's statutes currently define rape as nonconsensual oral, anal, or vaginal penetration of the victim by body parts or objects using force, threats of bodily harm, or by taking advantage of a victim who is incapacitated or otherwise incapable of giving consent.⁴

There are some problems with compiling statistics about sexual violence. Data concerning sexual assault and rape is difficult to collect because not all cases are reported. The relationship between the victim and the offender often play a significant role in whether a sexual crime is reported to authorities. In 2010, the SC SLED crime book reported 78.4% of sexual assaults were perpetrated by a person the victim knew.⁵ Unfortunately, when a victim knows his or her attacker, the likelihood that the sexual crime will be reported is very limited.

Despite underreporting, we do have some reliable data on sexual assault. Estimates of sexual assault and rape incidents and cases are affected by the source of the data and by the location of the sample. There are several studies done and region and sample of people vary from region and is often broken down by class, ethnicity, and other social factors. Three types of data are used to compile estimates. They include reports to the police, probability samples of the

³ The United States Department of Justice, *Sexual Assault*, "What is Sexual Assault," Resources, www.ovw.usdoj.gov/sexualassault.htm

⁴ Department of Justice, *Rape and Sexual Violence*, National Institute of Justice: the Research, development, and evaluation of the U.S. Department of justice, www.nij.gov/topics/crime/rape-sexual-violence/welcome.htm

⁵ South Carolina SLED crime book, *Uniform Crime Report*, September 2012

general public, and probability samples of specific populations (for example: college students).⁶

There are two primary national sources of rape victimization data in the United States: the Uniform Crime Reports and the National Crime Victimization Survey.⁷ According to the Uniform Crime Reports 2011, there is an average of one forcible rape every 6.3 minutes in the United States, and an estimated 52.7 forcible rapes per 100,000 women in the United States.⁸

Due to the personal nature of sexual assault incidents, the police department relies heavily on SANE (Sexual Assault Nurse Examiner) and SART (Sexual Assault Response Teams) for help in the investigation and prosecution of these cases. Sexual assault cases accounted for roughly eight percent of violence related injury visits to emergency departments in 2008.⁹ The need for the SANE program is thus constantly increasing. There is approximately 600 SANE programs currently nationwide.¹⁰ SANEs are nurses who undergo intense training and specialize in sexual assault cases. Their primary goal is to provide prompt and compassionate care to victims of sexual assault. They preserve the dignity of the victims, reduce psychological trauma, and ensure proper collection of evidence.¹¹ In order to qualify as a SANE, the candidate participates in training that incorporates forensic techniques using special

⁶ Kim S. Menard, *Reporting Sexual Assault (Electronic Resource): a social ecology perspective*, N.P: New York: LFP Scholarly Publications. 2005, p2

⁷ Menard, Reporting Sexual Assault, p3

⁸ South Carolina SLED crime book, *Uniform Crime Report*, September 2012

⁹ Centers for Disease control and Prevention, *CDC Releases date on interpersonal and sexual violence* (2010), Office of Communication, http://www.cdc.gov/media/releases/2013/p0125_NISVS.html

¹⁰ Shana Maier, 2011, "The emotional challenges faced by Sexual Assault Nurse Examiners: "ER nursing is stressful on a good day without rape victims," *Journal Of Forensic Nursing* 7, no. 4: 161-172.

¹¹D. Patterson, R. Campbell, and SM Townsend. 2006, "Sexual Assault Nurse Examiner (SANE) program goals and patient care practices," *Journal Of Nursing Scholarship* 38, no. 2: 180-186.

equipment, expert- witness testimony, assessment and documentation of injuries, identifying patterned injury and maintenance of chain of evidence.¹²

A national study was conducted in 2006 to examine whether SANE program goals differ and if so how do the inconsistencies affect patient care. From the data collected three different clusters were identified. The primary focus of the high prosecution cluster is prosecuting rape cases. The second type, community change cluster, focuses on attending to patient's emotional needs. Additionally, they have strong feminist values and believe in empowering the victim, and showing them they are not to blame, and they can go through the trial process to incriminate their offender. Finally, this cluster believes that the community's response to rape as a whole must change, and provide support and encourage reporting of sexual violence incidents. The third type, the low prosecution cluster, scored the lowest rating on the prosecution of rape cases.¹³ The variable of high quality medical patient care was eliminated from the study because ninety percent of all SANE programs rated it as a primary program goal. The results of the study demonstrate that there are some differences in SANE programs, specifically in what services and information is provided to patients. The focus and goal of each program may vary depending on the cluster they fit into.¹⁴

SANE Programs and Law Enforcement

SANE programs are extremely important to the investigation of sexual assault cases and these nurses work very closely with the police in these investigations. SANEs are asked to perform forensic medical examinations on victims when sexual assault is alleged. A variety of reasons make it essential for nurses in the SANE program to consider the value of providing

¹² Patterson, Sexual Assault Nurse Examiner (SANE) program goals and patient care practices”

¹³ Ibid.

¹⁴ Ibid.

forensic medical results to authorities on suspects as well. Evidence collected can aid in the thorough and successful investigation and prosecution of a case by law enforcement professionals. Discovery of compelling proof may contribute to a suspect pleading guilty prior to a hearing, thereby sparing the victim from having to be involved in a trial. Evidence collected may result in the exoneration of a suspect who has been falsely accused or misidentified. The addition of suspect services is the ideal presentation of objective forensic medical examiners, particularly when qualifying as an expert witness in the courtroom. Finally, offering suspect services may be a way to increase financial benefit to SANE programs.¹⁵ SANEs are not only responsible for accurately examining the victim they are also responsible for collecting information that is pertinent to the case. This information is often used during suspect interviews. The facts and evidence include but are not limited to: date, time and location of the event, acts that occurred including place of ejaculation, use of a condom, questions related to information from the victim examination, including identifying marks on the suspect's body or scratch or bite marks.¹⁶

Significant research proves that SANE programs are a highly valued resource for law enforcement officials during the investigations of sexual assault cases. These programs have substantially increased prosecution rates in communities across the country. While SANEs are important to investigations and prosecutions their primary obligation is patient care. Police sometimes push SANES to speculate on the victim's account of the sexual assault or incident which is outside of their responsibilities. In R. Cambell's article, an anonymous SANE nurse expresses her feelings about the involvement of SANE with police investigations:

¹⁵Jill Poarch, "Evidence Collection and Physical Examination of the Sexual Assault Suspect," *On The Edge* 13, no. 2: 5.

¹⁶ *Ibid.*

*Law enforcement will say 'do you believe this story is a bunch of crock?' I go really, what's a crock about?... I don't really care if she is telling me the truth or not. That's up do you guys to figure out what's true. That's investigating. That's not up to me. If she tells me she was raped, she is raped... I do believe a patient that comes in and is complaining of chest pain... if you say you got chest pain, well you got chest pain, same thing, you tell me you were raped, okay.*¹⁷

Often during investigations the police push SANE nurses to go outside of their duty boundaries to get information about cases that they are not legally allowed to disclose. In an effort to assist law enforcement members of the SANE program work hard to educate police on sexual assault and its effect on victims. They offer training to investigators, teaching information normally not in the realm of police work like the anatomy of the vagina. They explain that not all victims of sexual assault or rape will have any injuries and that if the injury is not the only thing that expresses or shows that a victim has been sexually assaulted, and it should not be assumed that the victim will have visible injuries.¹⁸

SANE Programs and Objectivity

Although nurses are mandated reporters, patient care is the primary goal of SANE and the nurses are not required to push patients to report rape and sexual assault to law enforcement. Sometimes this is frustrating to investigators, because even though it is likely a sexual assault has occurred, they have no access to the victim. SANE nurses have to make sure that police realize that they have very strict guidelines and boundaries that they must follow. In many cases it is

¹⁷Rebecca Cambell, Megan Greeson, and Debra Patterson, 2011, "Defining the boundaries: how sexual assault nurse examiners (SANEs) balance patient care and law enforcement collaboration," *Journal Of Forensic Nursing* 7, no. 1: 17-26.

¹⁸Ibid.

very difficult for SANE nurses to remain neutral, especially with domestic violence between partners.¹⁹ Objectivity in forensic nursing is essential to the SANE program. Legally, SANE nurses must provide accurate medical care to patients. Clinical work can be done compassionately and completely while still preserving objectivity. Keeping victims calm, comfortable, and informed also have secondary benefits for the legal investigation because victims are less distressed and are able to engage in the reporting process without fear. Law enforcement officials and prosecutors also count on SANE nurses for competent and consistent evidence collection.

Finally, objectivity is important because SANE nurses are called upon to provide expert advice regarding the exam findings, anatomy, injury, and other issues if a case goes to trial.²⁰ There are also legality issues associated with the SANE program and sexual assault examinations. Evidence collection by SANE nurses can sometimes be seen as working for law enforcement, but this is not true. Evidence collected by SANE nurses can be beneficial to victims, but sometimes it can help the other side when a suspect is innocent and the suspect is not the one who committed the rape or sexual assault.²¹ Another major legal concern is that SANE nurses can be fact or expert witnesses. Fact witnesses recite their actions and what their five senses indicate at a given time, and their job on the witness stand is to state what they did, saw, heard, and smelled. In the case of a SANE nurse, fact testimony would include information on how the examination was performed, what the patient's vital signs were, and other protocol. Expert witnesses are even more crucial. A SANE nurse can do a pelvic examination, following a

¹⁹ Cambell, "Defining the boundaries: how sexual assault nurse examiners (SANEs) balance patient care and law enforcement collaboration,"

²⁰ Ibid.

²¹ Roger Canaff 2009, "Nobility in objectivity: a prosecutor's case for neutrality in forensic nursing," *Journal Of Forensic Nursing* 5, no. 2: 89-96.#4

rape, noting minor tears at the prosterior fourchette and redness and tenderness to the labia minora. Expert witnesses can explain what happened and why, and in sexual assault cases this is extremely important.²²

The use of DNA in a prosecution is extremely important and many times it is the most valuable part of a case. According to a study, done by American Prosecutors Research Institute and the Boston College Connell School of Nursing, regarding the effectiveness of the SANE/SART programs, only 35 percent of cases had biological evidence were adequate for DNA testing. The lack of DNA in these circumstances can be attributed to a number of things: the nature of the sexual assault, the victim may have showered, brushed her teeth, or washed her clothes, or the perpetrator may have used a condom or may not have ejaculated.²³ Three unique groups participated in the study, including a group of all SANE program victims, a group of both SANE program and non-SANE program victims, and a group of all non-SANE program victims. The author concluded that biological evidence was collected by 97 percent of SANE program only cases, compared to only 10 percent of non-SANE program cases. This information suggests that there is a higher likelihood of DNA being collected when law enforcement works with the SANE program.²⁴ DNA is critical when trying to prosecute a rape or sexual assault case making SANE programs critical in investigations of these kinds of cases.

SANE Stressors

Being a SANE is extremely stressful and demanding and can be very difficult. A study was conducted, by Shana L. Maier, PHD Associate professor Department of Criminal Justice at

²² Roger Canaff, "Nobility in objectivity: A prosecutor's case for neutrality"

²³ Patricia Fanflik, et al. "SANE/SART Services for Sexual Assault Victims: Policy Implications." *Victims & Offenders* 1, no. 3 (August 2006): 205-212. *Criminal Justice Abstracts with Full Text*

²⁴ Ibid.

Widener University, to find out what issues the nurses found the most trying and taxing. The most common issues that SANEs reported were vicarious trauma and burnout. SANE nurses stated that they experienced vicarious trauma for a multitude of reasons, which included, but were not limited to, listening to horrific accounts of rapes expressed by victims, treating child victims or victims of physically violent rapes, and worrying about the victim's safety and emotional welfare. The study also found that SANEs found it very difficult to leave their work at work when they returned home at the end of each day, for they were constantly worrying about and thinking about the victims. The specific symptoms of burnout included the number of hours worked by SANE nurses and the feeling that their work often spilled into their personal lives.²⁵

Dr. Maier's study also showed that SANEs that had personal experiences with sexual assault were much more likely to experience vicarious trauma. In "The Emotional Challenges Faced by Sexual Assault Nurse Examiners: ER Nursing is Stressful on a Good Day Without Rape Victims," Dr. Maier makes an argument that there should be a debriefing process for SANE nurses which would allow them to get some of the stress from the victims off of their mind, thus cutting down on the vicarious trauma and burnout.²⁶ Scholar Rebecca Cambell similarly, states that nurses with a strong prosecution orientation have significantly higher levels of burnout and secondary traumatic stress relative to those who work with programs with a stronger patient care philosophy.²⁷ Positive coping strategies are important in this field of work and without them the probability of traumatic stress is high for SANE nurses.

²⁵ Shana Maier, 2011, "The emotional challenges faced by Sexual Assault Nurse Examiners: "ER nursing is stressful on a good day without rape victims," *Journal Of Forensic Nursing* 7, no. 4: 161-172.

²⁶ Ibid.

²⁷ Rebecca Cambell, Megan Greeson, and Debra Patterson, 2011, "Defining the boundaries: how sexual assault nurse examiners (SANEs) balance patient care and law enforcement collaboration,"

Problems with SANE Programs

The Sexual Assault Nurse Examiner Program Characteristics, Barriers, and Lessons Learned article, by TK Logan, J. Cole, and A Capillo proves that there are many obstacles that SANE programs face and that not all interactions between SANE nurses and law enforcement are beneficial. Some of the major obstacles include: staffing, funding, and lack of communication with the community and various agencies. SANE coordinators state that one of the major obstacles is funding restraints. Many programs in certain states are only reimbursed for the exam if the survivor makes a statement to the police.²⁸ The table below comes from that report showing the breakdown of the issues involved with SANE.

²⁸ TK Logan, J Cole, and A Capillo, 2007, "Sexual Assault Nurse Examiner program characteristics, barriers, and lessons learned," *Journal Of Forensic Nursing* 3, no. 1: 24-34.

Staffing issues overall	61.5%
Increase the number of SANEs; train more SANEs	26.8%
Increase compensation for SANEs	18.3%
Enhance recruiting methods	17.6%
Increase communication with SANEs to address their concerns	7.7%
Encourage SANE self-care to deal with the stress of the work	7.0%
Change in program coverage	6.3%
Change the interview process to better communicate the demands of the work and necessary level of commitment	5.6%
Funding overall	58.9%
Solution 1: Seek grants, apply to funding sources	51.5%
Solution 2: Hold fundraisers, conferences to raise funds	10.3%
Conflicts/lack of communication/political issues/need for education	48.9%
Solution 1: Increase outreach or communication/provide education	77.9%
Training/continuing education overall	24.2%
Solution 1: Provide local training; conduct own training	25.0%
Solution 2: Send trainees out of local area for training	19.6%
Solution 3: Acquire funds for training	14.3%
Solution 4: Provide updates in regular staffing meetings	8.9%
Geographical barriers to response	3.9%
Solution 1: Reimburse nurses for travel	22.2%
Solution 2: Provide double shift coverage	11.1%
Solution 2: Run a mobile unit	11.1%

Percentages in the non-shaded and lighter-shaded cells represent the percent of the programs that mentioned the specified problem.

29

Under-Researched Aspects of SANE

Even though many articles have been written and multiple studies have been done I feel that the subject of SANE nurses and their significance in sexual assault cases is under explored and that much more research is necessary. In order to further my research and education on the subject I conducted a series of interviews at Coastal Carolina and in the surrounding area.

I wanted to gain additional knowledge from individuals in the local community that deal with

²⁹ TK Logan, J Cole, and A Capillo, 2007, "Sexual Assault Nurse Examiner program characteristics, barriers, and lessons learned," *Journal Of Forensic Nursing* 3, no. 1: 24-34.

sexual assault cases and SANE programs. I asked a series of questions including: daily job duties, pros and cons of the work, the difficulty of working with sexual assault victims, opinion of SANE/SART programs, negatives and positives associated with SANE programs, and what if any additional research needs to take place in the field of forensic nursing.

My first interview was with Ms. Bevelyn Mitchell from the Myrtle Beach Rape Crisis Center. Ms. Mitchell is the director of the Myrtle Beach Rape Crisis Center, but she also works with Horry and Georgetown counties to raise money for and to promote sexual assault awareness. The rape crisis center of Myrtle Beach provides a twenty-four hour hotline to address the needs of sexual assault and rape victims. The employees at the center support crisis intervention, emotional support, and information and recommendations to survivors of sexual assault. The center also provides community educational programs, short term counseling, support groups, and special events to promote healing. All of the services are free and confidential and available regardless of when the attack occurred.³⁰ Ms. Mitchell told me that raising money and implementing a SANE program in Horry County is a top priority for her. She stated that our community lacks the resources and that over the last few years there has only been one SANE nurse at a time per hospital. She also advised that some area health centers do not even have sexual assault nurses and because of this proper care and recovery is difficult.³¹ Due to limited resources Ms. Mitchell regularly drives between Horry and Georgetown because she has to run both crisis centers and is not given a substantial amount of support. She is forced to choose which center she will be working with each day. If our community provided more funding for the center it would be able to hire more full time staff to assist Ms. Mitchell. Several

³⁰ Rape Crisis Center of Myrtle Beach, Horry and Georgetown counties, <http://www.victimtosurvivor.org/>

³¹ Ms. Bevelyn Mitchell, interviewed by Emily Barrow, Coordinator of Rape Crisis Center of Horry and Georgetown Counties, personal interview, March 21, 2013, Rape Crisis Center of Myrtle Beach

volunteers work in the centers to assist with phone volume and paperwork but often it is not a priority because they have full time careers and families themselves. With additional funding from the government the rape crisis centers would be able to adequately assist victims which would make our community better as a whole. Also, if local hospitals would provide SANE nurses at all of their locations it would take pressure off of the Rape Crisis Center and Ms. Mitchell. After my interview with Ms. Mitchell I came to the conclusion that our community does not have the resources required to handle sexual assault cases and that supplementary assistance from the government is necessary to provide quality care to sexual assault and rape victims.

Ms. Kristin Albrecht, an employee at Coastal Carolina University working in the Public Safety Department as an Investigator and Victims Specialist, was my second interviewee. She has been with the public safety department at Coastal Carolina University for three and a half years. She described her daily job duties as: enforcing all federal and state laws, investigating criminal activity, and providing the Coastal Carolina community with safety and awareness information. Not only does Inv. Albrecht work with victim services and as an investigator, she is also an instructor of R.A.D (Rape Aggression Defense). Her main concern with additional research is the psychological impact on victims. She feels that there needs to be special training for employees handling problems relating to the psychological emotions of victims that have been sexually assaulted. She stated that she has this concern because often police investigators focus on catching and prosecuting the perpetrator and forget that there is a victim involved who has been through severe physical and psychological stress. Inv. Albrecht stated that she supports SANE programs because they respond to victims evidentiary needs and they assist with medical and emotional issues. She also advised that the medical assistance that victims require is

different than normal patient care due to the intense trauma that is experienced in assault situations. Inv. Albrecht expressed that the most difficult part of her job and working with sexual assault victims is discussing with them in detail the specifics of the assault. She advised that there is an extreme emotional toll for the victim testifying in court at length about the assault, usually a person they are familiar with.³²

I conducted my third interview with Ms. Christine Donevant-Haines, the assistant director of counseling services at Coastal Carolina University. She was the SART (Sexual Assault Response Team) leader at Coastal Carolina for approximately two years and is now the chair of CARE (Campus Assault Resolve Education Support). Her duties with this position include CARE programming, planning, and assault awareness on campus. She expressed her dedication and love for the job but did sight some difficulties with it. She stated that it was very stressful to stay composed when interacting with victims. She said it can be very emotional but that it is important to stay focused on the victim and his or her situation. "Even when the victim tells the most horrific story, you must keep your poker face on."³³ Ms. Donevant-Haines also spoke with me about self-preservation. She advised that individuals that deal with sexual assault cases must separate work from their personal lives so that they can enjoy a peaceful private life. She expressed that without separation the stress and emotional toll of worrying about victims and their needs can interfere with home life. Her response to the need for additional research focused on psychological training for law enforcement, and demeanor training. She explained that often times a large police officer with a deep voice can be extremely intimidating to a victim which

³² Ms. Kristin Albrecht, interviewed by Emily Barrow, Investigator in investigations and victim services, personal interview, March 26, 2013, Coastal Carolina University Public Safety

³³ Ms. Christine Donevant-Haines, interviewed by Emily Barrow, Coastal Carolina University Assistant Director of counseling services, personal interview, April 1, 2013, Coastal Carolina University

can make it difficult to collect evidence. She feels Demeanor Training is crucial for medical personnel and law enforcement because the assault victims have endured so much.³⁴

My most informative interview was with Ms. Melinda Mitchell, a SANE nurse in Bedford, Indiana. She is currently an RN specializing as a SANE-A nurse and is working on her Master's degree. She has worked for Indiana University Health Bedford Hospital for thirteen years as a SANE nurse. Her daily duties include relief charge and staff nurse in the emergency department. She is one of two Sexual Assault Nurse Examiners at Indiana University Health Bedford Hospital. She stated that the other Hospital in Bedford (St. Vincent Dunn) does not employ a SANE nurse, therefore, the two Indiana University Health Bedford SANE nurses cover the community 24 hours a day, 365 days a year. Ms. Mitchell expressed that helping patients in critical times of need is the most rewarding experience for her. She also advised that she enjoys the high adrenaline, fast paced atmosphere in the Emergency Room. She told me that even though she loves her career choice she sometimes finds it physically and emotionally hard, especially when her and her co-workers are unable to save the life of a patient. She said the loss of young lives is especially devastating. Ms. Mitchell also communicated the difficulties of working with sexual assault victims. She said that keeping these patients calm and anxiety free can be very challenging. She explained to me that victims have been sexually assaulted and then they have to go to the emergency room where strangers are asking personal questions and examining them. She said the experience can be terrifying. Ms. Mitchell feels like it is imperative that patients feel secure and protected. In order to keep the patient from feeling exposed and raw she often sits for several minutes with the victim discussing normal things like

³⁴ Ms. Christine Donevant-Haines, interviewed by Emily Barrow, Coastal Carolina University Assistant Director of counseling services, personal interview, April 1, 2013, Coastal Carolina University

health history, medications, vitals, and other protocol in order to allow a period of adjustment. According to Ms. Mitchell trust and confidence in medical personnel is crucial to an assault victim. She has been successful as a SANE nurse due to her years of experience and a love of the job. She ensures that the patient feels secure in her ability when she is collecting evidence through completion of the rape kit. She said it was very difficult at the beginning of her career but that with time and education she has become a valued addition to the Indiana University Health Bedford Hospital. Ms. Mitchell expressed that follow up care in a small community is sometimes difficult and many times patients do not receive the treatment that is needed to overcome the physical and emotional damage. She stated that one option available to victims is PACT (Prisoners and Communities Together), an organization that allows patients to ascertain counseling, housing and financial assistance. Unfortunately due to the risk of identification, cost and the feeling that follow up care is not necessary many victims do not get the assistance that they need after a sexual assault. Ms. Mitchell advised that she finds this concerning and problematic as the mental trauma caused by the physical act of sexual assault can be devastating and life altering. Lack of follow up can destroy a victim's ability to cope and function in day to day life.

I found Ms. Mitchell's dialogue on sexual assault and the effect on victims informative but I was also interested in discussing her role within the SANE program and her perspective on the organization. She expressed to me that getting certified to be SANE nurse allows her the opportunity to care for victims of sexual assault and that her role as a nurse as well as an evidence collector is rewarding. She said: "SANE certification allows me the opportunity to care for patients during a very low point in their life and help them through this trying time. Knowing that the evidence I collect can aid in prosecution of the perpetrator and keep the accused from

assaulting someone else is priceless. Having the ability to testify to my findings and support my detailed documentation of my skill set is very rewarding, especially when the accused is found to be guilty, or my specimen collection helps to ascertain and prosecute the guilty party. Follow up with these patients is very rewarding when they are able to say thank you, or to see the look of relief on their faces following guilty verdicts at trials, or to simply walk away knowing that my collection of evidence was key in the prosecution of a person guilty of sexual assault.” She expressed that being involved in the SANE organization is mostly positive but that there are some difficulties as well. SANE programs are very limited in some communities, especially small towns which only allows for minimum assistance for victims of assault. She told me that case work for these incidents can be very demanding and that often times it is heart breaking. The violence and subsequent injury to these patients is brutal and sometimes she cannot keep from becoming emotional and upset. She communicated that the whole process that takes place after an assault, including prosecution and trial of the perpetrator, can be trying often wearing her down. She also said that testifying at a trial can be grueling and very demanding and that when being questioned on the stand attorneys for the defense try to discount a SANE nurse as a valid professional and witness. They try to pick apart all of the evidence that has been gathered. She advised that she has learned from mistakes both written and spoken and that she has become very competent at gathering evidence and making a strong case for each of her assault victims. Ms. Mitchell voiced “As a SANE I want to do all I can to prosecute the guilty but there is always worry of being partial to the person I see in front of me. I have to remember that the innocent are innocent until proven guilty. While I may see the person in my department and feel empathetic, the accused may in fact be innocent of the falsified incident or be facing serious retaliation or revenge from the person claiming the assault. Separation of emotion from situation is difficult in

this situation. I have to remind myself that I am the patient advocate. The same as I am with all patients by providing the best care possible without judgment. The evidence collected, or lack thereof, by myself, and the police will be the determining factors in identification of guilt or innocence.”

The most interesting part of the interview with Ms. Mitchell was her viewpoint on the need for additional resources and research for SANE programs, especially in small communities. She advised that documenting research on the collection of evidence and the equipment needed to complete the job accurately and thoroughly would assist in obtaining grants for the tools necessary for SANE nurses to assist assault victims. She gave me the example of colposcopes with blue light necessary for cervical staining to identify internal tearing, and specimen swab drying units. “We do not have a colposcope so we do not stain the cervix internally, we can only visualize with naked eye, and our specimen swabs must air dry, which delays completion of the kit.” Ms. Mitchell stated that many small communities lack the funding and resources to support SANE and SART programs making it difficult for victims of sexual assault to get proper care which leads to a lower prosecution rate. She expressed that while these programs are not available in all communities there are resources and support that can help law enforcement and medical personnel. There are organizations and facilities available to help, such as halfway houses, shelters and churches. Often times these groups will donate clothing, transportation and financial assistance to sexual assault victims. In Ms. Mitchell's community law enforcement agencies facilitate classes for police officers who perform the investigations into sexual assault cases. These classes educate the officers on the emotional needs of the victims. She also let me know that there are government programs available to support patients with cost reimbursement so that victims of violent sexual assault crimes do not suffer financial burden in addition to their

emotional and physical issues. Ms. Mitchell concluded the interview by saying that the key to success in dealing with sexual assault cases is open communication between medical personnel, law enforcement and the victim. She expressed that it is vital to the community and its' citizens.³⁵ I think you have to fix this number and put interview with Mitchell

After conducting interviews in the local community and with Ms. Mitchell from Bedford Indiana regarding sexual assault and SANE programs, I decided to explore Coastal Carolina University's policy on sexual assault. The University guideline states, "Sexual assault is a violation of the Code of Conduct." In order for the university to take action the survivor should contact the Dean of Students Office and report the assault with a request that charges be filed. If the student/survivor does not wish any official action be taken, that is his/her choice. It also states, "Students accused of sexual offenses are charged with violating Coastal Carolina University's Code of Conduct. The accuser and the accused are entitled to have others present during a campus disciplinary hearing. If the accused also faces criminal prosecution he/she may have the right to the presence of an attorney. If he/she chooses that option, the survivor may also have an attorney present. Both the accused and the accuser are notified of the results of the campus disciplinary proceeding brought as the result of the charges. The Survivor is allowed to make an "a victim impact statement" as part of the hearing process." The code of conduct also says, "If charges are not pressed but the survivor identifies the assailant, disciplinary action will reflect the severity of the offense upon completion of the investigation. Possible University disciplinary action may include fines, dismissal from housing, or dismissal from the

³⁵ Ms. Melissa Mitchell, interviewed by Emily Barrow, IU Health Bedford hospital: SANE-A and RN, personal interview, April 2, 2013, Via Email

University³⁶.” The university provides various resources for students to assist with sexual assault situations. Participants in the organization SART (Sexual Assault Response Team) review protocol after a campus assault and recommend changes to the process when necessary. They also develop and present training programs for gatekeepers.³⁷ CARES (Campus Assault Resource and Education Support Team) is another group on the Coastal Carolina University campus that supports the community. CARES focuses on prevention and general awareness of sexual assault and they facilitate programs and classes to educate faculty, staff and students. The organization encourages students to follow protocol when they have been a victim of any kind of sexual assault. Both groups work with Public Safety and Counseling Services at the university to ensure that victims have been taken care of and that all procedures have been followed in these incidents.

Conclusion

Sexual assault is a growing problem in the United States and among college campuses nation-wide. After doing some research I found that sexual assault and programs associated with sexual assault is under-researched, so I took the initiative to look into these programs in my community. Sexual assault is a growing problem, and it is a sensitive subject to many. There are many reasons why women and men will not report sexual assault, and fear is usually the main cause of lack of reporting among sexual assault. There are some programs that help victims of sexual assault through the tough process they have to endure. These programs include: SANE (sexual assault nurse examiners), SART (sexual assault response team), Rape Crisis Centers, and community help. All of these are great resources for victims, but many of them lack funding,

³⁶ CCU code of Conduct, Coastal Carolina University, www.coastal.edu/conduct/documents/codeofconduct.pdf

³⁷ Ibid.

resources, and the help they need to succeed. Our community has a rape crisis center, but when I conducted my interviews I found our community lacks resources for sexual assault victims. We do have a rape crisis center, but many of the employees there are volunteers, and lack the proper training to help sexual assault victims. Additionally, the Grand Strand area only has one SANE who has gone through the proper training. The Grand Strand Area could use resources like more SANE nurses, and programs and training for law enforcement.

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