Clinic-Based Sexual Assault Nurse Examiner: Opportunities for Collaboration
Clinic-Based Sexual Assault Nurse Examiners: Opportunities for Collaboration

2022 COMMUNITY CARE NETWORK OF KANSAS ANNUAL CONFERENCE
OCTOBER 2022 MANHATTAN, KS
No Conflicts of Interest
Presenters

- Amy Hite, EdD(c), DNP, Eds, APRN, FNP-BC
  - Professor at Pittsburg State University, School of Nursing
  - HRSA SANE and NPR Project Director
  - Emergency Dept Nurse Practitioner, Ascension Via Christi, Pittsburg

- Tina Peck, MSN, APRN, FNP-BC, SANE-A, SANE-P
  - Founder & Executive Director of Hope Medical Forensic Services, LLC
  - Nurse Practitioner, Signify Health
  - KU School of Medicine Wichita – Center for Clinical Research
  - Kansas Coalition Against Sexual & Domestic Violence- Forensic Nurse Expert and Consultant
• Summarize the PSU KS-ANE/SANE Grant
• Recognize the benefits of having SANE-trained RNs and APRNs in community clinics.
• Generate an increase in the supply of trained SANEs.
• Recognize the importance of tracking burnout and compassion in forensic nurses and the impact of early interventions.
• Collaboration between community clinics and established forensic health care organizations to increase access to SANE trained nurses
• Establish collaborative community partnerships with law enforcement and advocates to identify and prioritize the community’s needs.
Project Director

- **Amy Hite**, EdD(c), DNP, Eds, APRN, FNP

Consultant and Law Enforcement Liaison

- **Frank Papish**
  30 years experience in military and state/local law enforcement.
  Kansas Dept of Corrections
  Special Agent Supervisor
  Enforcement, Apprehension, and Investigation

Program Coordinator

**Brighid Dawson**
Auditing, grant, and financial experience
Audience Participation

- Completion of ProQOL
- Scoring
History of the 2018 PSU SANE Grant

Southeast Kansas (SEK):
Rural, High Poverty Rates, Medically Underserved, Unemployment, 28-40 forensic exams/year

2018, ONE SANE in SEK (54% completed): Sexual Assault Victims transported 45 min to 3 hours for Forensic Exams

PSU/ANE-SANE supported RNs and APRNs in local hospitals and clinics to obtain SANE Adult, Adolescent and Pediatric Didactic and Clinical training.
Outcomes and Impact

- ProQOL beginning, during training, quarterly. Tracked by Coordinator
- Retention Strategies, as needed.
- Goal was 24 new SANEs trained during grant funding!
- Retention 93% PSU/ANE-SANE
- Average retention of forensic nurses: 2 years
1. Establish collaborative partnerships with healthcare stakeholders to provide didactic training and clinical experience for RNs and APRNs, utilizing existing SANE/SART program expertise.

2. Recruit RNs & APRNs for pediatric and/or adolescent/adult forensic training, in underserved areas of KS, goal of 40 trainees/year (120 trainees/3-year grant).

3. Organize and Coordinate SANE didactic/clinical training and forensic nurse preceptors in KS.

4. Provide funding to facilitate SANE training, certification and recertification.

5. Track participants through their didactic and clinical training, SANE certification, and practice adoption.

6. Track and report on SANE retention by screening for compassion fatigue and burnout using a Professional Quality of Life scale and offering retention services to decrease attrition.

7. Collaborate with SANE programs in KS, to develop a Tele-SANE model for Kansas that will provide necessary services for underserved rural healthcare.
Advanced Nursing Education-Sexual Assault Nurse Examiners (ANE-SANE Program)

- Purpose of grant
  - Train and certify RNs and APRNs as sexual assault nurse examiners
- Number of facilities and nurses before grant (pre-2018)
- Number of facilities and nurses at the end of grant (2018-2021)

*The grants and programs are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with 0 percent financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information: HRSA.gov
Grant Characteristics

- PSU Strategic Plan: Pathway to Prominence
  - Goals: Academic Excellence, Student Success, Partnerships, & Responsive & Innovative Campus Culture

- Academic-Practice-Community Partnership
  - PSU, School of Nursing
  - Healthcare
  - Law Enforcement
  - Victim Advocates
  - Legal
Partnerships

KS LAW ENFORCEMENT:
- KS ASSOCIATION OF CHIEFS OF POLICE
- KS SHERIFF’S ASSOCIATION
- KS BUREAU OF INVESTIGATION

KS ATTORNEY GENERAL’S OFFICE

- Kansas Hospital Association
- Community Care Network of KS
- Victim Advocacy Groups
- Safehouse
- Children Advocacy Center
- Prosecuting Attorneys
- University Student Health Centers

Kansas Sexual Assault Response Advisory Committee
KS SANE Program

2021 KS Counties with SANE Services 19/105: 18.1%
Improved to 26/10: 24.76% by June 2022

https://www.kcsdv.org/find-help/in-kansas/sane/

Anderson  Cowley  Crawford  Douglas  Ellis  Ford  Geary  Johnson (KC Metro 20 sites)  Labette
Leavenworth  Lyon  Montgomery  Neosho  Reno  Riley  Saline  Sedgwick  Seward  Shawnee
Retention

- Attrition in SANEs
- Literature
  - Professional Quality of Life (ProQOL, Stamm, 2010)
  - Organization involvement in retention
  - Nurses involvement in self-care
Compassion Fatigue, Secondary Traumatic Stress, Vicarious Trauma & Burnout

Review of the Literature

- Compassion Fatigue: burnout specific to caregivers who help trauma patients
- Burnout: feelings of exhaustion, withdrawing from work or life events
- Secondary Traumatic Stress: emotional threat that occurs after hearing firsthand accounts of traumatic experiences of others
- Vicarious Trauma: experience of trauma indicators from repeated exposure to other people’s trauma or stories of traumatic events

(Harris & Quinn Griffin, 2015; Duquesne University School of Nursing, 2018; Sacco et al., 2015; Stamm, 2010)
Forensic Nurses

- Nurses are altruistic
- Survivor guilt
- Self-Care
- Organizational Services
  - Clinical Supervision, Psychosocial Interventions & Social Support
  - Mental Health Services
  - Retention of staff

(Boyle, 2011; Gray et al., 2019; Harris & Quinn Griffin, 2015; Mottaghi et al., 2019)
ProQOL

- What is ProQOL
  - Compassion Fatigue, Secondary trauma, and Burnout
- Implemented
  - Questionnaire
  - Scoring
  - Follow-up
  - Early Intervention
- Results or Outcomes
  - Statistics
  - Future Goals

https://proqol.org/
Sample ProQOL from PSU/ANE-SANE

- **Initial ProQOL Scores**
  - Compassion: 49
  - Burnout: 11
  - Trauma: 16

- **Completion 7 exams (2 in one week)**
  - Compassion: 42
  - Burnout: 17
  - Trauma: 23

- **Loss of Support System and COVID**
  - Compassion: 32
  - Burnout: 27
  - Trauma: 26

- **Currently**
  - Compassion: 42
  - Burnout: 28
  - Trauma: 21
## Results of PSU/ANE-SANE ProQOLs: Initial Scores

### Table 1. Initial Compassion Satisfaction Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>43</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>44</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>45</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>47</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>48</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>49</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>50</td>
<td>3</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Mean = 46**  
**SD = 3.384**

**Level of Compassion Satisfaction:**  
- 22 and less = Low Level  
- 23 – 41 = Average Level  
- 42 and higher = High Level

### Table 2. Initial Burnout Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>23</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Mean = 15.67**  
**SD = 3.869**

**Level of Burnout:**  
- 22 and less = Low Level  
- 23 – 41 = Average Level  
- 42 and higher = High Level
Results of PSU/ANE-SANE ProQOLs: Initial Scores

Table 3. Initial Secondary Traumatic Stress Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>17</td>
<td>3</td>
<td>25.0</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>22</td>
<td>2</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Mean = 17.58  
SD = 2.937

Level of Secondary Traumatic Stress

- 22 and less = Low Level
- 23 – 41 = Average Level
- 42 and higher = High Level
### Results of PSU/ANE-SANE ProQOLs: Post Scores

#### Table 4. Compassion Satisfaction Scale Post SANE Training/Practice

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>34</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>35</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>39</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>40</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>41</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>42</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>44</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>45</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>46</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>47</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>48</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>49</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>50</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 43.21  
SD = 5.121

**Level of Compassion Satisfaction:**
- 22 and less = Low Level
- 23 – 41 = Average Level
- 42 and higher = High Level

#### Table 5. Burnout Scale Post SANE Training/Practice

<table>
<thead>
<tr>
<th>Score</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>13</td>
<td>4</td>
<td>10.3</td>
</tr>
<tr>
<td>14</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>15</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>16</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>17</td>
<td>6</td>
<td>15.4</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>19</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>20</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>21</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>22</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>23</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>25</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>26</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>27</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 17.92  
SD = 4.492

**Level of Burnout:**
- 22 and less = Low Level
- 23 – 41 = Average Level
- 42 and higher = High Level
### Table 6. Secondary Traumatic Stress Scale Post SANE Training/Practice

<table>
<thead>
<tr>
<th>Scores</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>13</td>
<td>4</td>
<td>10.3</td>
</tr>
<tr>
<td>14</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>10.3</td>
</tr>
<tr>
<td>18</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>21</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>22</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>23</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>24</td>
<td>4</td>
<td>10.3</td>
</tr>
<tr>
<td>25</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>26</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>27</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>30</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>31</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>40</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 19.67  
SD = 6.458

#### Level of Secondary Traumatic Stress
- 22 and less = Low Level
- 23 – 41 = Average Level
- 42 and higher = High Level

### Table 7. Initial and Post Training/Practice Scores for SANE Evaluators with Two or More ProQOL Assessments

<table>
<thead>
<tr>
<th>Scale</th>
<th>Initial Measure</th>
<th>Post Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Compassion Satisfaction</strong></td>
<td>N 9 45.44 3.206</td>
<td>39 43.21 5.121</td>
</tr>
<tr>
<td><strong>Burnout Scale</strong></td>
<td>N 9 16.33 4.062</td>
<td>39 17.92 4.492</td>
</tr>
<tr>
<td><strong>Secondary Traumatic Stress</strong></td>
<td>N 9 18.44 2.506</td>
<td>39 19.67 6.458</td>
</tr>
</tbody>
</table>
### Kansas Bureau of Investigation Funding

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Purpose Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2015</td>
<td>$2,000,000</td>
<td>Comprehensive Approach to Unsubmitted Sexual Assault Kits</td>
</tr>
</tbody>
</table>
YES, THIS ROOM.
THE
KANSAS
SAKI
SEXUAL ASSAULT KIT INITIATIVE


2014 - 2019
Kansas SAKI Multidisciplinary Working Group

- Kansas Bureau of Investigation
- Kansas Office of the Attorney General
- Kansas County and District Attorneys Association
- Kansas Sheriffs’ Association
- Kansas Association of Chiefs of Police
- Kansas Chapter of International Association of Forensic Nurses
- Kansas Coalition Against Sexual and Domestic Violence
- Johnson County Sheriff’s Office Criminalistics Laboratory
- Sedgwick County Regional Forensic Science Center
Kansas SAKI Project

Identify
- Identify underlying factors that contributed to accumulation

Test
- Develop plan to test previously unsubmitted kits

Prevent
- Develop recommendations to prevent similar accumulation in the future
The Kansas Sexual Assault Kit Initiative:
Underlying Factors Contributing to the Accumulation of Unsubmitted Sexual Assault Kits in Kansas

Katie Whisman
KBI Executive Officer

Megan Roberts
SAKI Site Coordinator

Kansas SAKI Project
Multidisciplinary Working Group

July 2017 | Funding provided by the Bureau of Justice Assistance
KS SAKI Results

Kansas becomes the first state to complete statewide sexual assault kit count with 100% voluntary law enforcement participation

TOPEKA – The Kansas Bureau of Investigation (KBI) recently completed a statewide inventory of all previously unsubmitted sexual assault kits in Kansas. This count was accomplished with voluntary participation of each of Kansas’s 383 city and county law enforcement agencies.

2,220 previously unsubmitted SAKs identified

Behind every rape kit is a survivor...

Sexual Assault Kit Evidence stored at the KBI Forensic Science Center, 2017
Complete Suspect Criminal History

Number of sexual and other violent offenses identified in SAKI suspects' criminal histories:

907: Suspects identified with a trackable criminal history.
469: Suspects with acts of domestic violence in their criminal history.
330: Suspects with two or more acts of rape, sodomy, indecent liberties with a minor, and/or sexual battery/assault in their criminal history.
275: Suspects with 11 or more sexual and/or violent offenses in their criminal history.

93% of SAKI suspects have a criminal history of other violent offenses, including:
- Homicide
- Battery
- Domestic Violence
- Burglary/Robbery
- Assault
- Criminal Threat
- Disorderly Conduct
- Weapons Violation
- Battery/Assault on a Law Enforcement Officer

<table>
<thead>
<tr>
<th></th>
<th>Offenders</th>
<th>Offenses</th>
<th>Offenses/Offender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Offenses</td>
<td>384 (42%)</td>
<td>887 (12%)</td>
<td>2.3</td>
</tr>
<tr>
<td>Other Violent Offenses</td>
<td>848 (93%)</td>
<td>6,428 (88%)</td>
<td>7.6</td>
</tr>
<tr>
<td>Serial Sex Offenders</td>
<td>330 (36%)</td>
<td>3,486 (48%)</td>
<td>10.6</td>
</tr>
<tr>
<td>High Frequency Offenders</td>
<td>275 (30%)</td>
<td>4,986 (68%)</td>
<td>18</td>
</tr>
<tr>
<td>Domestic Violence Offenders</td>
<td>469 (52%)</td>
<td>5,206 (71%)</td>
<td>11</td>
</tr>
</tbody>
</table>
Case Example: Jacob C. Ewing

• 2014 – rape and aggravated criminal sodomy of female victim
• 2014 – attempted rape and child exploitation of a 15-year-old victim
• 2015 – aggravated indecent liberties and aggravated criminal sodomy of a 13-year-old victim
• 2016 – rape and aggravated criminal sodomy of an 18-year-old victim
• 2017 – all 4 cases brought to trial
  • Convicted of 2 counts of Rape, 4 counts of Criminal Sodomy, 2 counts of Aggravated Battery, 1 count of Attempted Rape, Sexual Exploitation of a Child
  • Sentenced to 35 years in prison, $100,000 restitution and required to register as sex offender for life

• 2019 - Kansas Court of Appeals reversed his convictions in 2 cases and granted new trial
• 2021 - Entered Alford pleas in 2 cases, sentenced to 12 years 8 months in prison
Case Example: Marvin L. Gray

Juvenile Offenses
- 2003: Indecent liberties with a child *(Intimate Partner)*
  Offense Report / No Arrest
- 2004: Aggravated assault, criminal threat *(Acquaintance)*
  Offense Report / No Arrest
- 2005: Battery, criminal threat *(Stranger)*
  Offense Report / No Arrest

**Adult Offenses**
- 2006: Aggravated battery with a weapon *(Acquaintance)*
  Arrest / No Prosecution
- 2007: Battery against a LEO
  Arrest / No Prosecution
- **2010: Rape *(Acquaintance)***
  *Convicted* (Plea): Aggravated battery, 13 months
- 2012: Aggravated assault with a weapon
  Arrest / No Prosecution
- **2013: Kidnapping, Rape *(Acquaintance)***
  Offense Report / No Arrest

*SAKI related case*
Kansas SAKI Project Data as of Oct. 2019

- 2,200+ previously unsubmitted SAKs
  - 2,086 submitted to labs for testing
    - 2,020 SAKs designated for testing

- 375 foreign DNA profiles uploaded to CODIS

- 243 CODIS Hits
  - 203 Offender Hits, 14 Forensic Hits
    - 58 Cold Hits, 145 Warm Hits
Kansas SAKI Laboratory Analysis
CODIS Uploads & Hits

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SAKI Kits</td>
<td>2,200</td>
</tr>
<tr>
<td>Previously Unsubmitted</td>
<td></td>
</tr>
<tr>
<td>Sexual Assault Kits (SAKs)</td>
<td></td>
</tr>
<tr>
<td>Inventoried</td>
<td></td>
</tr>
<tr>
<td>Lab Submissions</td>
<td>2,086</td>
</tr>
<tr>
<td>SAKs Submitted to the</td>
<td></td>
</tr>
<tr>
<td>Laboratory for Testing</td>
<td></td>
</tr>
<tr>
<td>Testing Designation</td>
<td>2,020</td>
</tr>
<tr>
<td>SAKs Designated for</td>
<td></td>
</tr>
<tr>
<td>Testing</td>
<td></td>
</tr>
<tr>
<td>*Includes cases with</td>
<td></td>
</tr>
<tr>
<td>prior convictions</td>
<td></td>
</tr>
<tr>
<td>Testing Complete</td>
<td>2,020</td>
</tr>
<tr>
<td>SAKs Submitted</td>
<td></td>
</tr>
<tr>
<td>for DNA Analysis</td>
<td>1,220</td>
</tr>
<tr>
<td>Upload Status</td>
<td></td>
</tr>
<tr>
<td>Foreign DNA Profiles</td>
<td>560</td>
</tr>
<tr>
<td>Uploaded to CODIS</td>
<td></td>
</tr>
<tr>
<td>CODIS Results</td>
<td></td>
</tr>
<tr>
<td>CODIS Hits</td>
<td>371</td>
</tr>
<tr>
<td>Offender Hits</td>
<td>339</td>
</tr>
<tr>
<td>Forensic Hits</td>
<td>32</td>
</tr>
<tr>
<td>Cold Hits</td>
<td>58</td>
</tr>
<tr>
<td>Warm Hits</td>
<td>145</td>
</tr>
</tbody>
</table>

66 SAKs Not Designated for Testing

20 Kansas SAKs Have Hit to 20 Other States.
Encouraging Sexual Assault Reporting

Collection and testing of every SAK improves the ability to identify perpetrators of sexual violence and prevent additional victimization.

Number of Reported Rapes in Kansas from 2012 – 2019*

*Crime statistics provided through the end of the SAKI grant period.

Concerted efforts made to improve sexual assault response to increase victims’ confidence in the system.
KS Clinic Nurses

1. Mandated reporters (if victim under 18)
2. First contact with SA victims or referrals
3. Identifying and preventing abuse
4. Collaboration with local forensic nurses, law enforcement, and advocates
5. Access for clinic and community victims
PSU SANE Information:
https://www.pittstate.edu/nursing/sane-program.html
HB 2228

- Effective July 1, 2022
- Requires law enforcement agencies to adopt written policy:
  - Requiring the submission of all sexual assault kits that correspond to a report of sexual assault to an accredited forensic laboratory.
  - Ensure that such submission occurs within 30 business days from collection of the kit and include a procedure to ensure the investigating officer receives the examination results.
  - All law enforcement agencies must adopt and implement these policies by January 31, 2023.
Expands access to medical-forensic services:
- Child advocacy centers recognized by the National Children's Alliance
- Any other facility licensed or operated by a physician, physician assistant, or registered nurse licensed under Kansas' public health statutes.

Extends retention of unreported sexual assault kits:
- Extends retention from 5 years to 20 years.
- National best practices for jurisdictions that do not have a statute of limitations for rape.
Outcomes

- Benefits of having SANE-trained RNs and APRNs in community clinics.
- Generate an increase in the supply of trained SANEs
  - Increase Supply of SANEs
  - Early interventions improve the quality of life of forensic nurses
- Access and Distribution: Examples
  - Community Clinics
  - Hospitals
  - PSU Student Health
Outcomes

- Policies in place for age of victims seen in clinic
  - What CAC are you sending pediatric patients to?
- Clinics provide follow-up care
- Administrative support
- Clinic reimbursement by county for evidence collection
Outcomes

- No SANE in sight: An introduction to a training for ALL healthcare providers on caring for the sexually assaulted patient
  - No SANE in sight: An introduction to a training for ALL healthcare providers on caring for the sexually assaulted patient – SAFEta
  - Minimum training recommendations, which were created for any non-SANE trained healthcare provider to care for the sexual assault patient when no SANE is available.
  - Interested nurses can attend SANE training
KANSAS MODEL POLICIES & RESOURCES
Kansas Sexual Assault Kit Initiative Documents and Resources

Training Information
- Enhancing Coordinated Responses to Sexual Assault Cases within Multidisciplinary Teams Training Announcement
- Trauma Informed Sexual Assault Training Announcement

SAKI Findings and Recommendations
- Underlying Factors Contributing to the Accumulation of Unsubmitted Sexual Assault Kits in Kansas
- KBI Letter Recommending all SAKs be Submitted and Tested
- Kansas Model Policy Investigating Sexual Assault
- Kansas Model Policy Sexual Assault Evidence Collection Kit Submission Retention Disposal
- Kansas Victim Notification Protocol for Delayed CODIS-Hits
- Kansas SAKI Guidance for Unfounded Case Coding

SAKI Executive Summaries
- Executive Summary 1 - Project Overview
- Executive Summary 2 - Cross Section Sample Data
- Executive Summary 3 - Criminal History Prioritization
- Executive Summary 4 - Forensic Results of Cross Sectional Sample
- Executive Summary 5 - Law Enforcement Survey Not Submitting Kits
- Executive Summary 6 - Analysis of Medical Exam Paperwork
- Executive Summary 7 - Future SAK Submission and Processing

Additional Resources
- SAKI Training and Technical Assistance Program
- Kansas SAKI Brochure
- Kansas SAKI Sex Offender Behavior Brochure
- Kansas Model Policy Investigating Sexual Assault
- Kansas Sexual Assault Evidence Collection Kit
2021 PSU-ANE/SANE Grant Achievements

- Pelvic Simulator
- Equipment for SANE/SART programs
- Investigation items
- Attendance at Nursing, SANE, Law Enforcement, KS Hospital Association, Community Care Network of KS, KS School Nurses, etc, Conferences/Events
Conclusions

- Forensic Nurses experience events that others don’t know exist.

- Next Step: HRSA SANE 2021
  - PSU/ANE-KANSAS SANE Project

- Trainings:
  - https://www.kcsdv.org/train/
Trainings in KS

2021-2024 SANE SART Training Opportunities by Location

Courses include:
- 40-Hour Adult Adolescent SANE SART Course
- 40-Hour Pediatric SANE Course
- 64-Hour Adult, Adolescent, & Pediatric SANE SART Course
- Advanced SANE SART
- Clinical SANE
- Evidence Collection in the Emergency Department
- Multi-disciplinary Training

Visit www.kcsdv.org/train for details.
References


Contact information:

- Amy Hite
  - PSUSANEGrant@pittstate.edu
- Tina Peck
  - tina@hopemedicalks.com

PSU SANE Grant Website:
https://www.pittstate.edu/nursing/sane-program.html