

New York State SAFE/SANE Training and Practice Related To Pediatric Sexual Assault Cases: Survey Results

CHAMP Program

Funded by the New York State Department of Health

June 26, 2007

Key Findings

- 47% of all respondents reported that they, or the examiners at their site, have not received additional training in pediatric sexual assault examinations. (N=62)
- 41% of all respondents do not use SAFE/SANEs.
- 36% of CAC/MDT respondents (N=22) and 18% of Emergency Department respondents (N=22) reported that they do not perform pediatric sexual assault exams.
- 32% of SAFE/SANE respondents reported that they had not performed a pediatric sexual assault exam in the last six months which raises questions about the ongoing skill and the proficiency of the SAFE/SANE to perform exams.
- 42% of all respondents reported that a doctor performs the pediatric sexual assault exam with a SANE while 40% of all respondents reported a nurse performs the exam with a SANE (N=52).
- 35% of SANES report examining the child alone.
- 74% of all respondents reported that a doctor reviews the pediatric sexual assault cases in their county (n=54); 31% reported that a nurse reviews the pediatric sexual abuse cases in their county (N=54).
- 67% of all respondents reported that a doctor testifies in pediatric sexual abuse cases in their county (N=54); 60% of respondents also reported that a nurse testifies in pediatric sexual abuse cases in their county. (N=57).

- 89% of all respondents reported that they use photodocumentation during pediatric sexual assault examinations.
- 98% of all respondents who use photodocumentation use still photos (digital, 35 mm, colposcope).
- 72% of all respondents reported that they were “not satisfied” with the care received by children in their county when child abuse is suspected (N=47).
- 45% of all respondents cited program/staff availability as a need for improvement in the care of sexually abused children in their counties; 45% cited pediatric training/experience; 26% cited awareness/collaboration; 9% cited establish or change policies; 9% cited funding/ equipment.

Background

- Every child suspected of being sexually abused needs access to a skilled medical provider. Yet, many areas of New York State (NYS) do not have an adequate number of medical professionals who are trained in evaluating children suspected of sexual abuse and collecting forensic evidence.
- In addition, the standard of care for child sexual abuse victims is ill defined in NYS.
- The State of New York Department of Health (DOH) recommends the use of Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) for adult victims of sexual assault in all hospitals to ensure meeting the standards for comprehensive and high quality care, collection of forensic evidence and respectful and sensitive treatment; however, the training of SAFE/SANE practitioners does not include specific instruction for how to perform a pediatric examination or care for a victim of child abuse.
- The number of certified SAFE/SANEs in the state presents a potential pool of medical providers that could be trained to expand the delivery of pediatric care in New York; however, little information is available about the number of SAFE/SANEs serving children, where they practice, what training they have received,

what standards are guiding their evaluations and treatment, how they collaborate with other medical professionals and what resources are available to them.

- With funding from the NYS Department of Health, the CHAMP Program convened a SAFE/SANE Task Force in November, 2006 to review the current status of SAFE/SANE Training and Practice Related To Pediatric Sexual Assault Cases.
- A survey was designed to complete the review.

SAFE/SANE Task Force Participants

- Melaney Szklenka, NYS Office of Children and Family Services
- Carol Curran, MD, Columbia/Greene CAC
- Jennifer Clark, SANE Coordinator, The Reach Center
- Deborah Joralemon, NYS Department of Health
- Mary Chris Schultz, NYS Department of Health
- Ann Marie Tucker, Niagara Child Advocacy Center
- Jocelyn Brown, MD, Columbia Presbyterian Medical Center CAC
- Jamie Rosenfeld, MD, Queens CAX
- Tamara Pollack, NYC Alliance Against Sexual Assault
- Ann Botash, MD, Upstate Medical University, CHAMP Program
- Jennifer Parmalee, McMahan Ryan CAS
- Anne Galloway, RN, SANE, Upstate Medical University, CARE Program
- Linda Markell, Upstate Medical University, CHAMP Program
- Trish Booth, Upstate Medical University, CHAMP Program
- Chris Schoonmaker, NYS Child Advocacy Resource and Consultation Center
- Tom Hess, NYS Office of Children and Family Services
- Jacqui Williams, NYSCASA
- Erin Ptak, RN, SANE, Family Services, Inc.

Objectives

The objectives for the review of SAFE/SANE Training and Practice Related To Pediatric Sexual Assault Cases are to:

- Describe the current background and training of NYS SAFE/SANEs;
- Identify geographic areas that the providers serve;
- Identify the number and age of children served;
- Identify the practice patterns for examining children, reviewing findings and testifying about pediatric sexual assault cases;
- Describe the compensation models for SAFE/SANEs performing examinations;
- Describe existing affiliations/collaborative relationships between SAFE/SANEs, CAC/MDTs and Emergency Departments throughout NYS; and
- Identify the service gaps in providing care for suspected child sexual abuse victims in NYS as reported by the survey participants.

Methodology

- The survey tool was developed in early Winter, 2007 with guidance from a The SAFE/SANE Task Force, an ad hoc group of child abuse professionals representing NYS Office of Child and Family Services, NYS Department of Health, SAFE/SANEs, CACs and the CHAMP Program.
- Three groups of providers were targeted for the survey: (1) Current SAFE/SANEs; (2) Child Advocacy Centers (CAC) and Multidisciplinary Teams (MDT); and (3) Emergency Department Nurse Managers.
- The survey was distributed by e-mail to 44 SAFE/SANEs from a list supplied from the NYS Department of Health.
- The survey was distributed by e-mail to the Directors of 63 CAC/MDTs from a list of Child Advocacy Centers and Multidisciplinary Teams in NYS from the Child Advocacy Resource and Consultation Center web site.
- Two hundred forty-seven Nurse Managers of Emergency Departments and Extension Clinics were sent a letter inviting them to participate in the electronic survey.
- Because the initial response to each target group did not yield a significant response, second and third reminders were sent.

Participants*

	SAFE/SANEs	Child Advocacy Centers / Multidisciplinary Teams	Emergency Departments	Total
Surveys Distributed	44	63	247	354
Surveys Received	19	24	23	66
% of Target Groups	43%	38%	9.3%	18.5%

*A participant is defined as anyone who completed the survey.

*See [Appendix I](#) (slide 37) for List of Participants

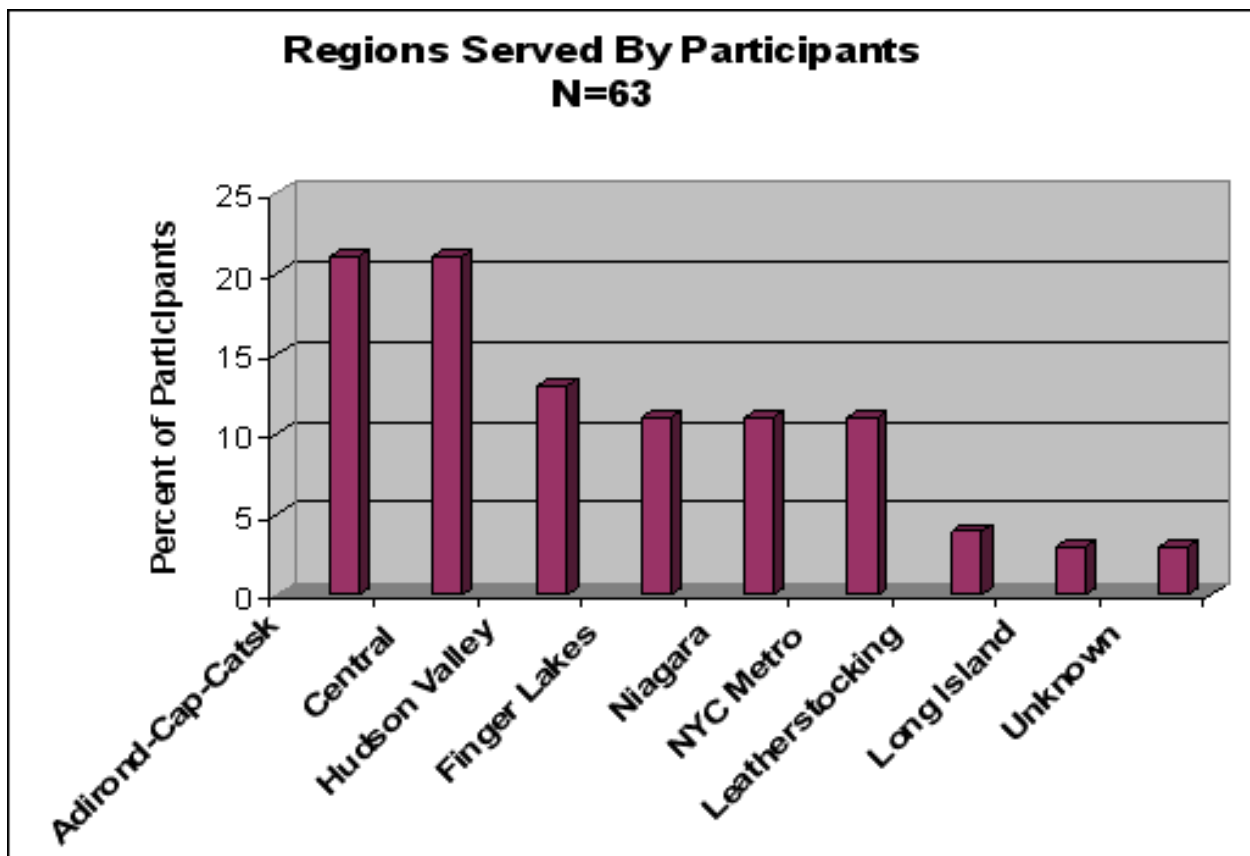
Regions in NYS*	SAFE/SANEs (By Primary Counties)**	CAC/MDT	EMERGENCY DEPARTMENTS
Region I: Niagara	3	3	2
Region II: Finger Lakes	2	2	4
Region III: Central	3	8	4
Region IV: Leatherstocking	2	1	0

Region V: Adirondack/Capital/ Catskill	5	5	5
Region VI: Hudson Valley	5	2	2
Regions VII: NY Metro	3	3	2
Region VIII: Long Island	0	0	2
Unknown	0	0	2
Total	23	24	23

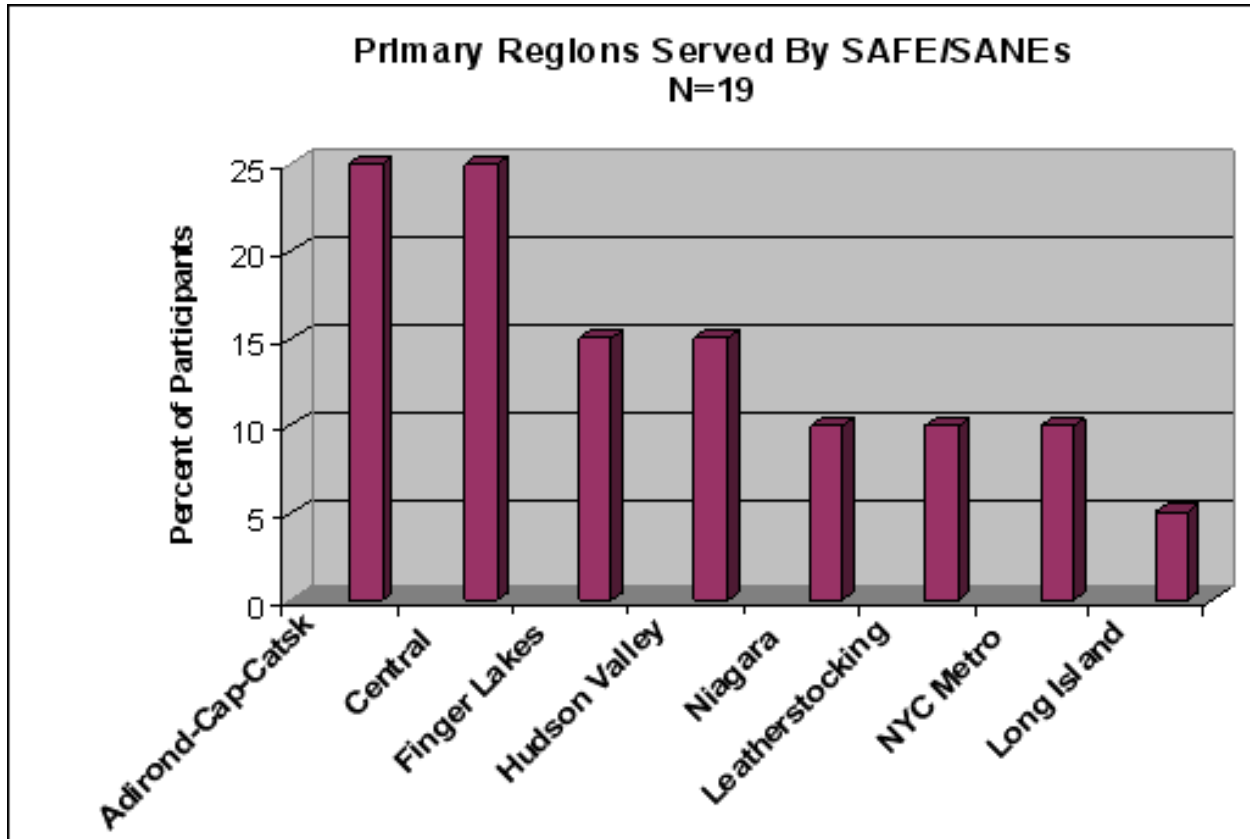
* See [Appendix II](#): Counties By Region

** 4 participants reported two primary counties

Regions Served By Participants



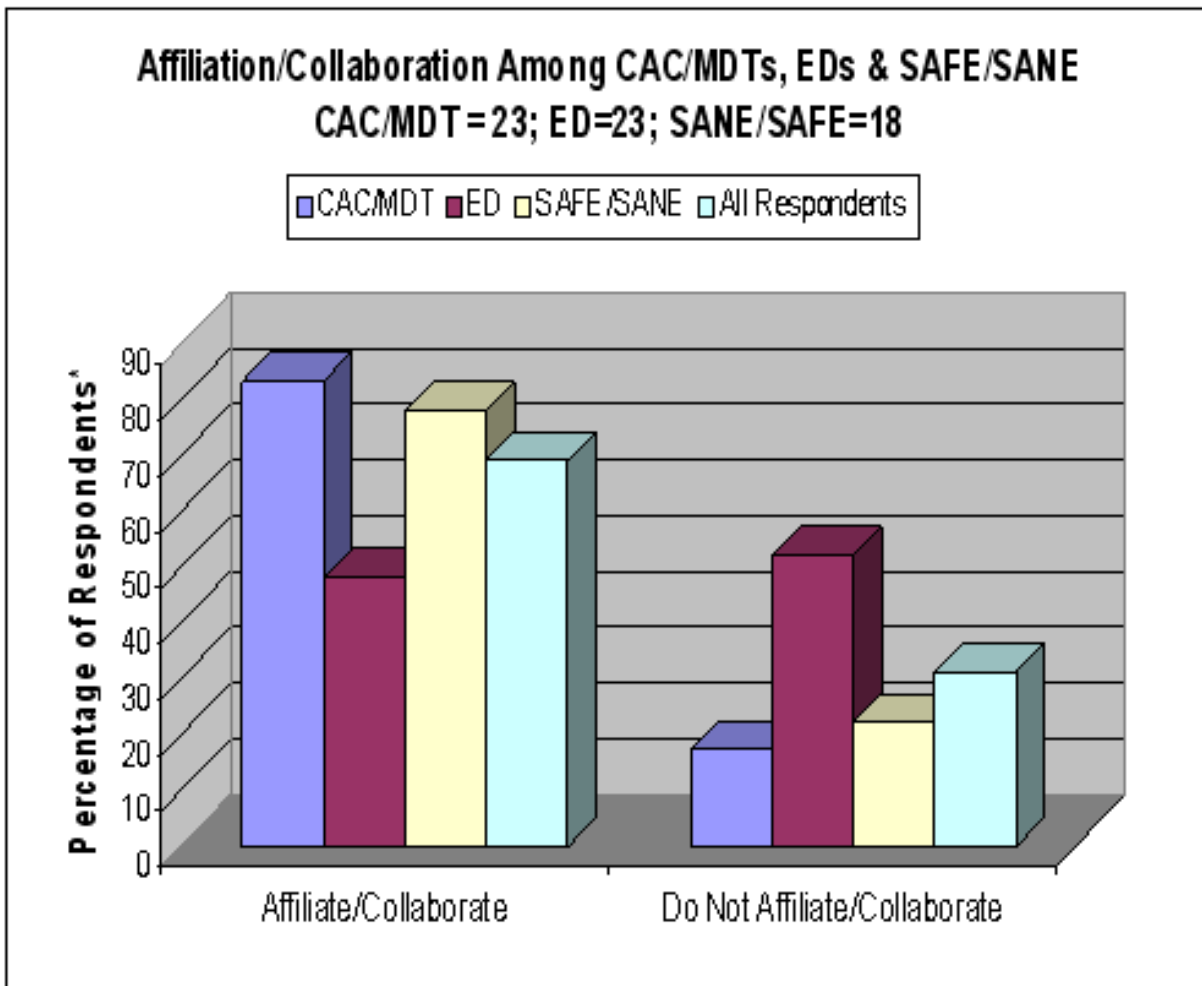
Regions Served By SAFE/SANEs



Affiliations

FINDINGS

- 78% of SAFE/SANE and 48% of Emergency Department respondents reported that they are affiliated with a Child Advocacy Center or Multi-Disciplinary Team (N=41).
- 83% of CAC/MDT directors who responded reported that they collaborate with the Emergency Departments in their area (N=23).



*Respondents are defined as those who completed the question

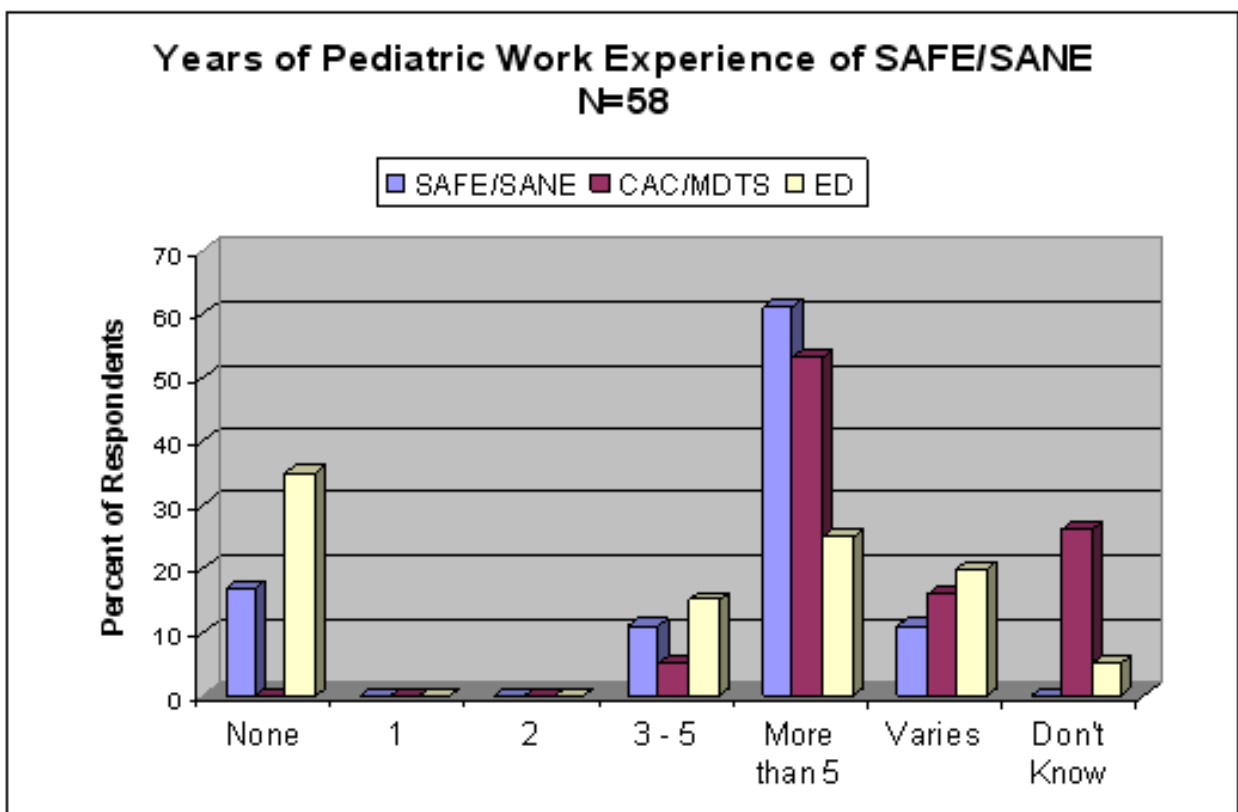
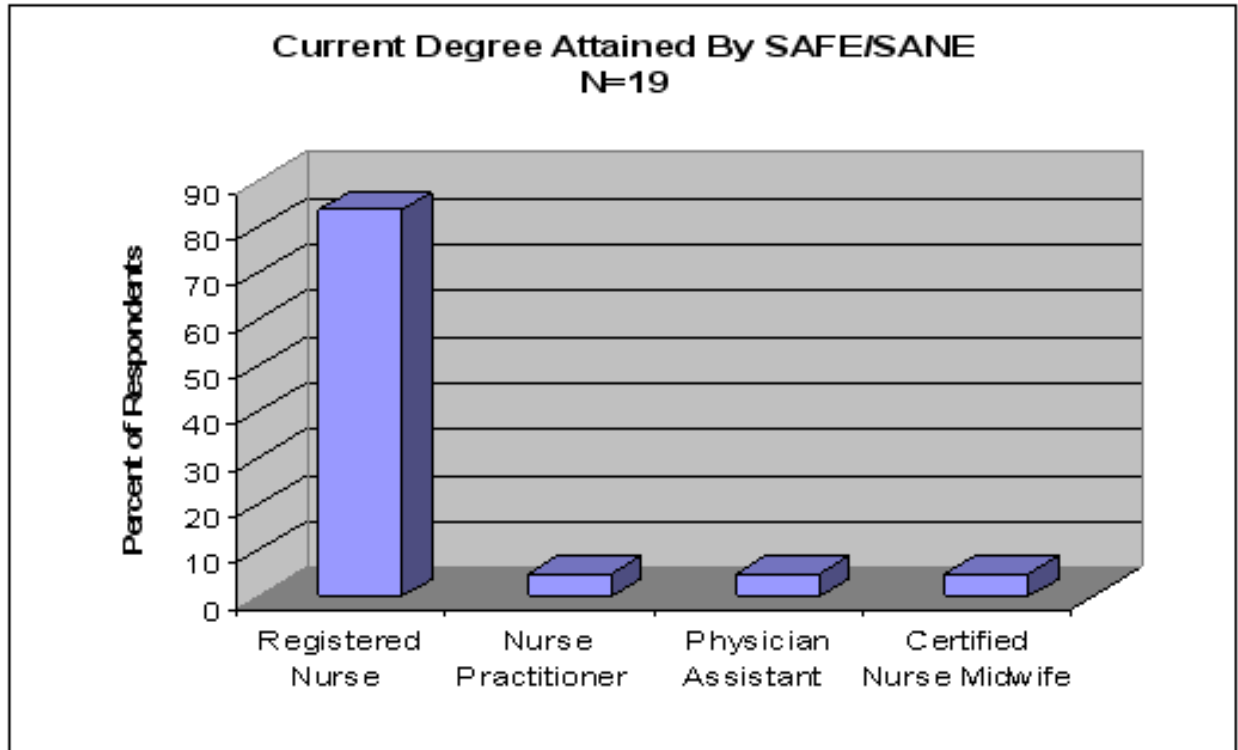
SAFE/SANE Training and Certification

SAFE/SANE Formal Education And Experience

FINDINGS

- 84% of SAFE/SANE respondents reported that they are Registered Nurses.

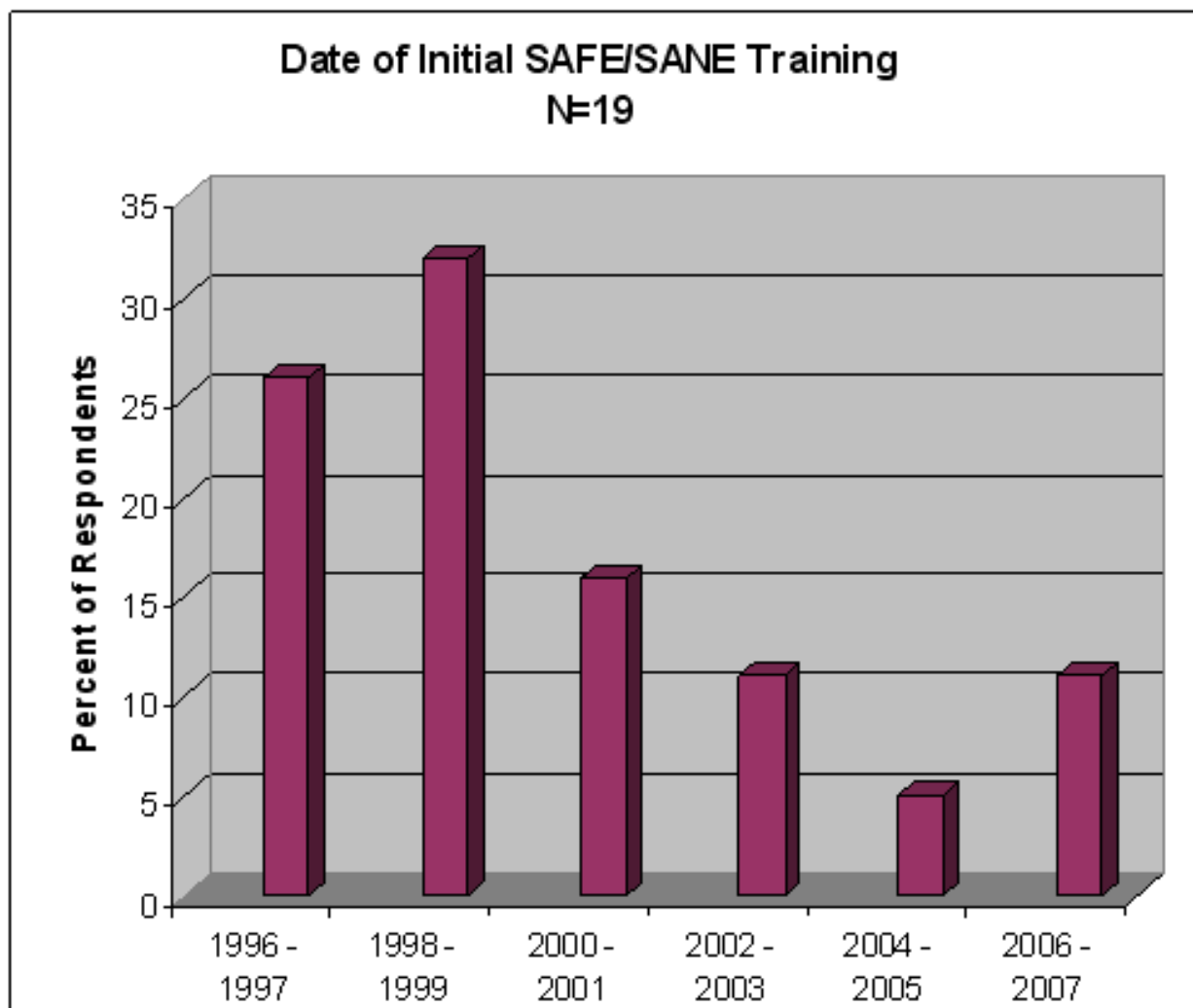
- 61% of SAFE/SANE respondents reported that they had more than five years of pediatric work experience; (N=18); 45% of all respondents reported that they, or the examiners at their site, have more than 5 years of pediatric work experience (N=58).



SAFE/SANE Training

FINDINGS

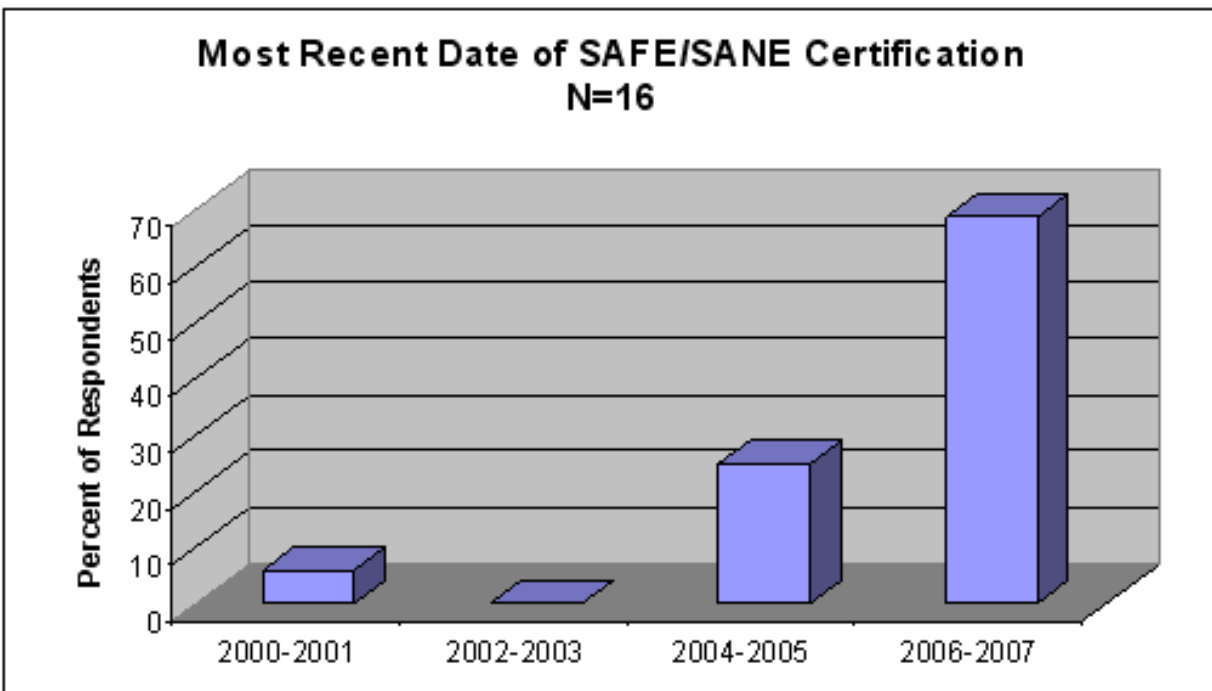
- 58% of SAFE/SANE respondents reported that they received SAFE/SANE training between 1996 and 1999.
- 76% of CAC/MDT directors and Emergency Department respondents reported that the examiners at their site have received SAFE/SANE training (N=42).

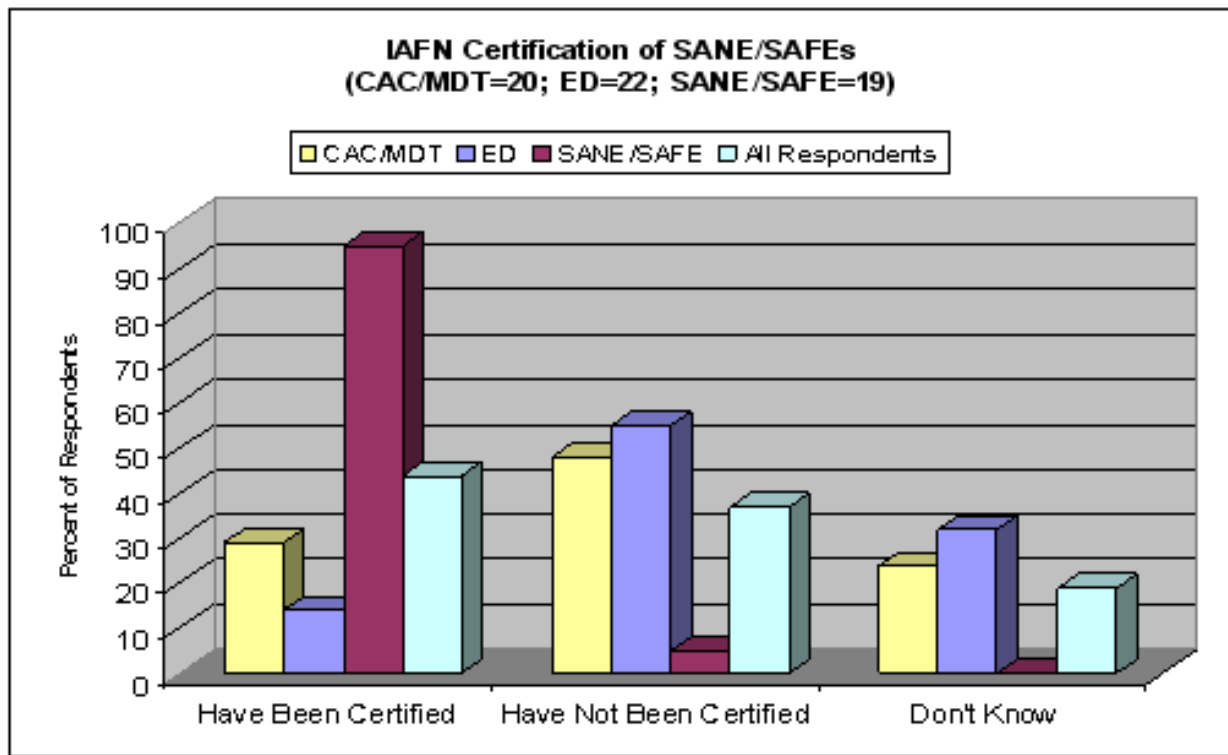


SAFE/SANE Certification

FINDINGS

- 100% of SAFE/SANE respondents reported that they are NYS designated SAFE/SANE (N=19).
- 69% of SAFE/SANE respondents reported that the most recent date of their SAFE/SANE certification was in 2006 or 2007 (N=16).
- 45% of CAC/MDT directors and Emergency Department respondents reported that the examiners at their site have received SAFE/SANE certification (N=42).
- 95% of SAFE/SANE respondents reported that they are certified by the International Association of Forensic Nurses (IAFN) (N=19) while 43% or all respondents reported that they, or the practitioners at their site, have been certified by the IAFN. (N=61).

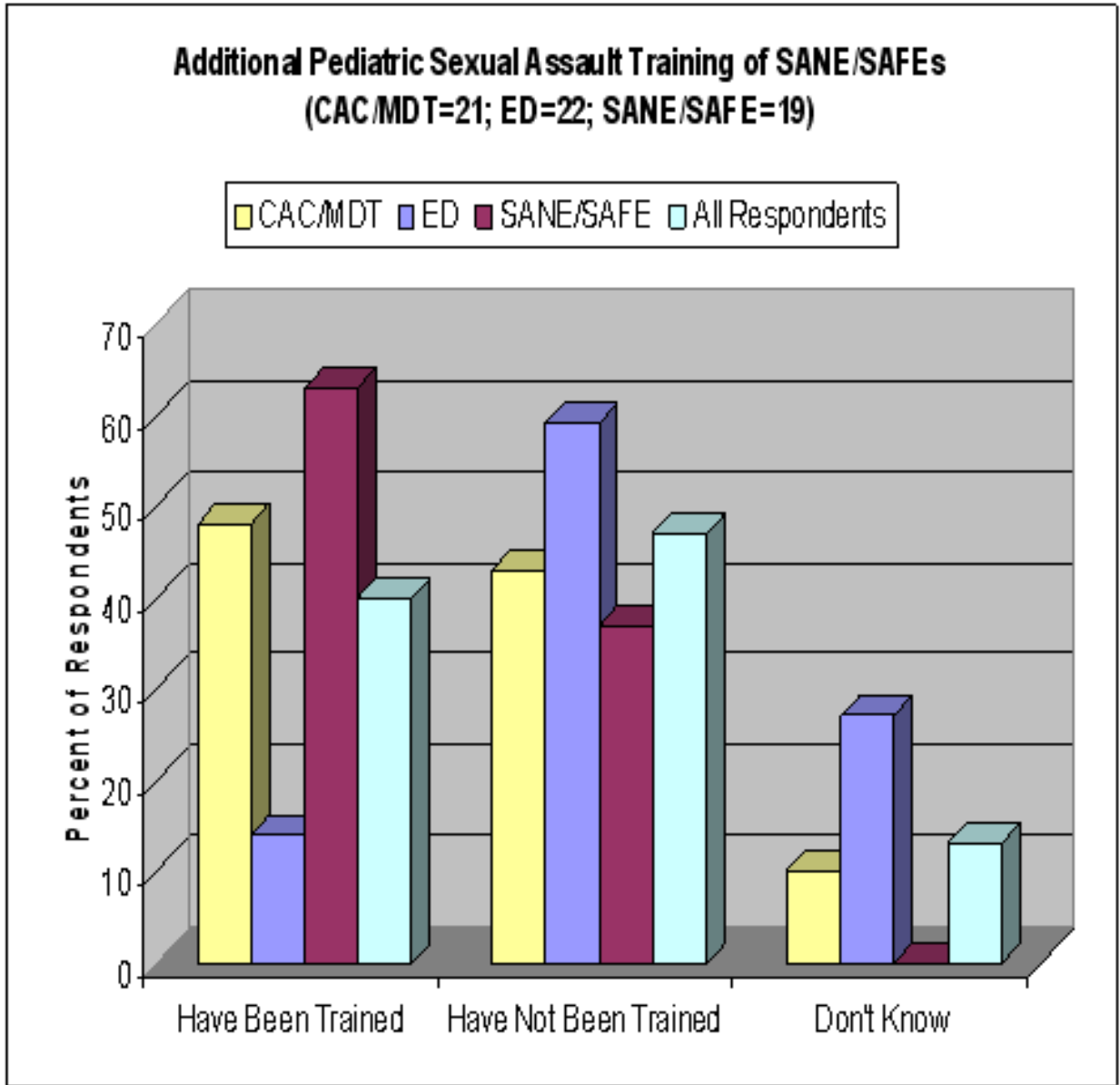




Training in Pediatric Sexual Assault Examinations

FINDINGS

- 47% of all respondents reported that they, or the examiners at their site, have not received additional training in pediatric sexual assault examination (N=62).
- 73% of SAFE/SANE respondents reported that the most recent date of their SANE/SAFE training in pediatric sexual assault examinations was during 2006 or 2007 (N=11).



Type And Location Of Pediatric Sexual Assault Examination Training Programs

FINDINGS

- 40% of all respondents reported that they, or the examiners at their site, attended the Pediatric Sexual Assault or CHAMP training Programs (N=30).

- 60% of all respondents reported that they, or the examiners at their site, attended training programs for pediatric sexual assault exams that were held in New York State (N=25).

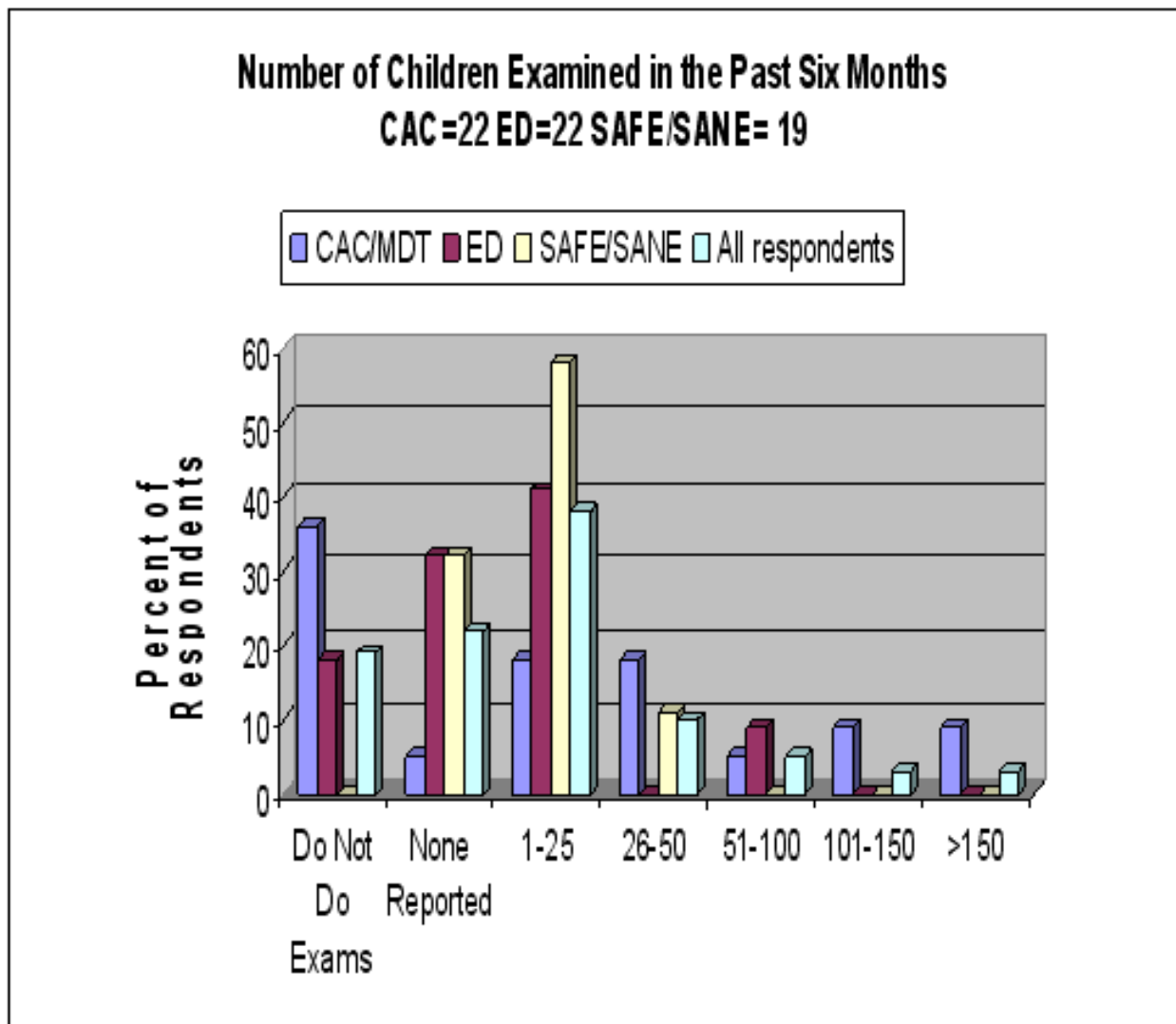
Program	No. of Respondents	Percentage of Respondents
CHAMP	6	20%
Pediatric Sexual Assault Program	6	20%
Other	5	17%
Jamie Ferrell	4	13%
IAFN	3	10%
NAC	2	7%
National Forensic Nursing Institute	2	7%
Don't Know	2	7%
Total	30	100%

Volume and Age Of Children Served

Children Served

FINDINGS

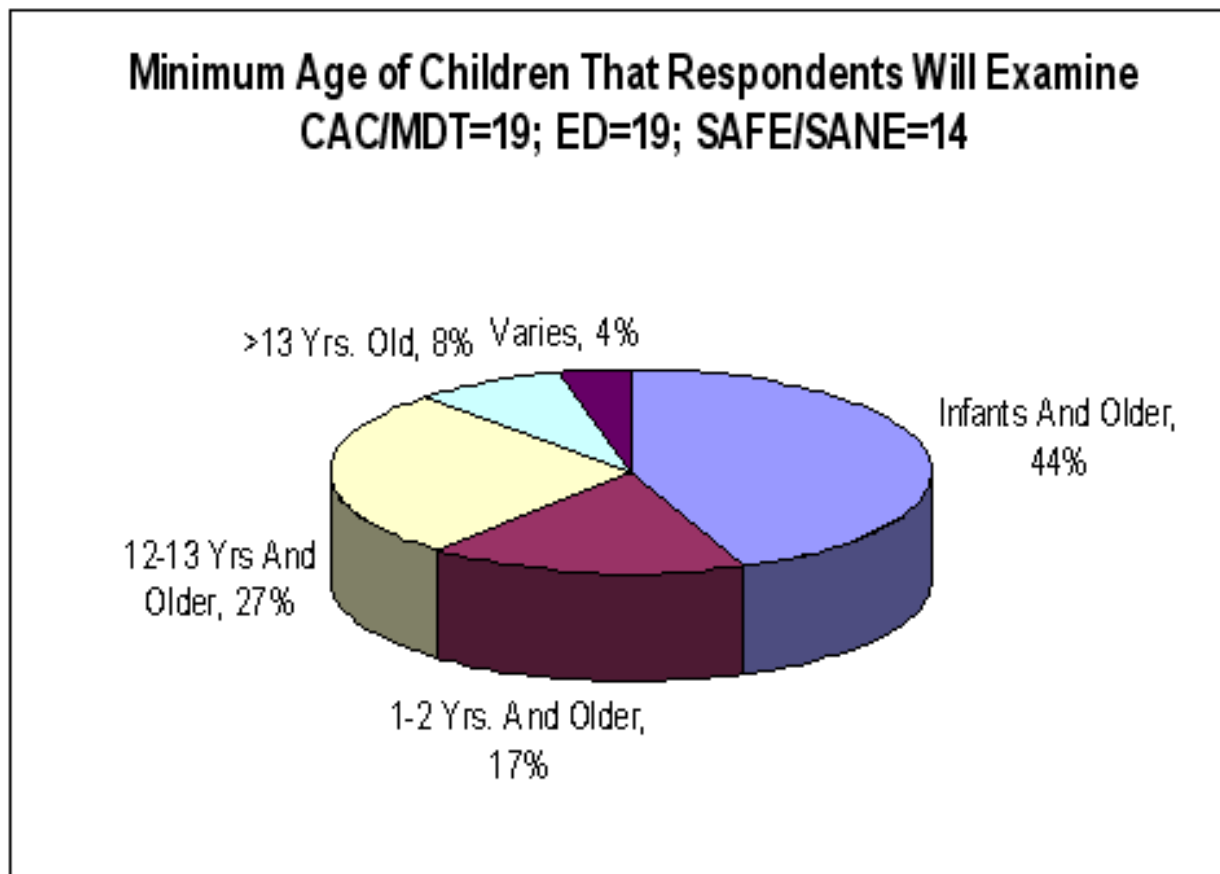
- 36% of CAC/MDT (N=22) respondents and 18% of EDs respondents (N=22) reported that they do not perform pediatric sexual assault exams.
- 22% of all respondents reported that they, or examiners at their site, performed no pediatric sexual assault exams during the past six months; 38% of all respondents reported that they, or the examiners at their site, performed between 1- 25 exams; 10% performed 26-50; 5% performed 51-100; 6% performed more than 100.(N=63).
- 32% of SAFE/SANE respondents report performing no pediatric sexual assault exams in the last six months; 58% of SAFE/SANE report performing 1-25 exams and 11% report performing 26-50 exams (N=19).



Age Of Children Served

FINDINGS

44% of all respondents reported that they, or the examiners at their site, will examine children who are less than one year of age or older (N=52) ; 17% reported that they will only examine children who are 1-2 years of age and older; 27% reported that they will only examine children who are at least 12 years of age or older; 8% reported that they only examine children greater than 13 years of age (N=52)

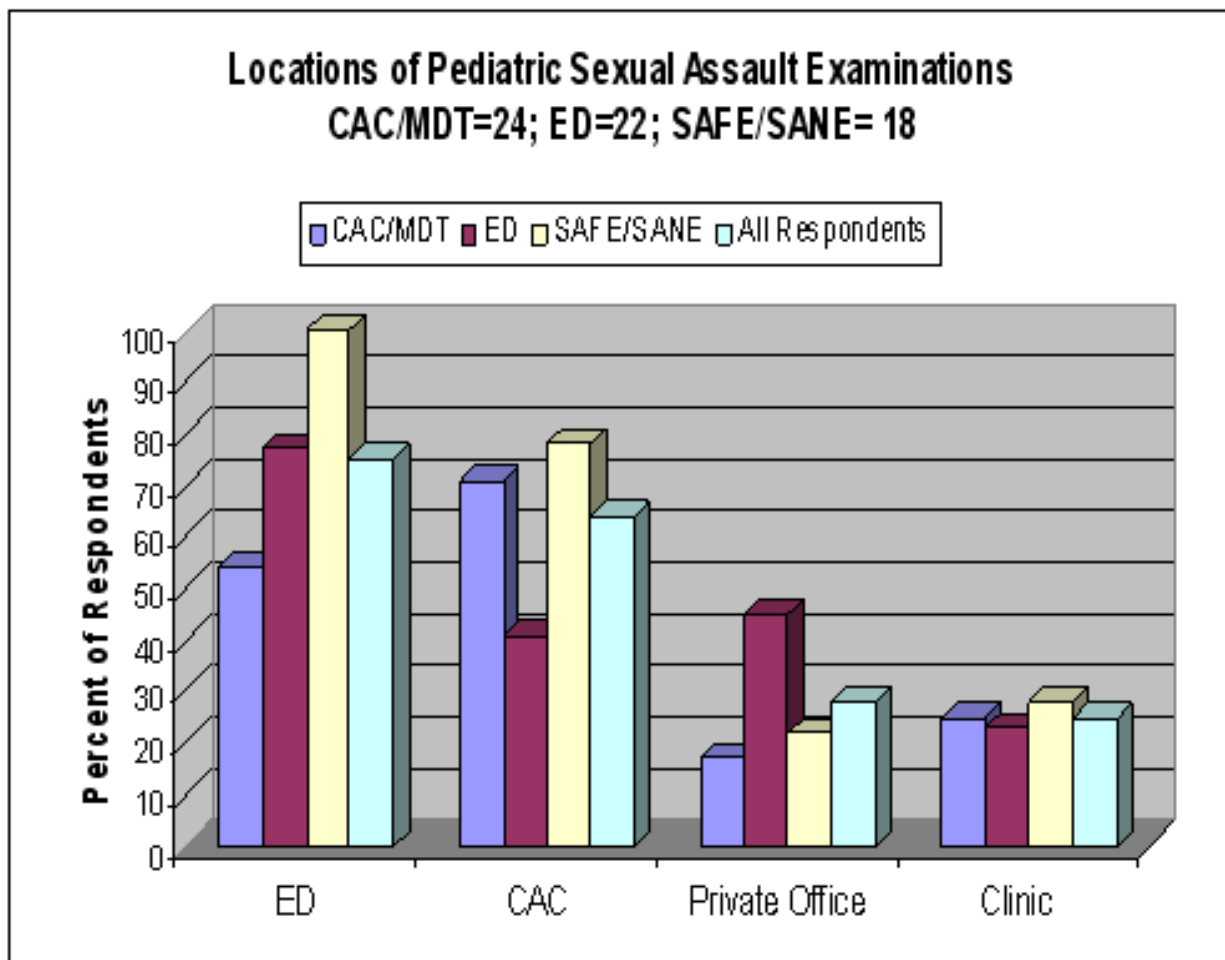


Practice Patterns for Pediatric Sexual Assault Examinations

Site of Pediatric Sexual Assault Examinations

FINDINGS

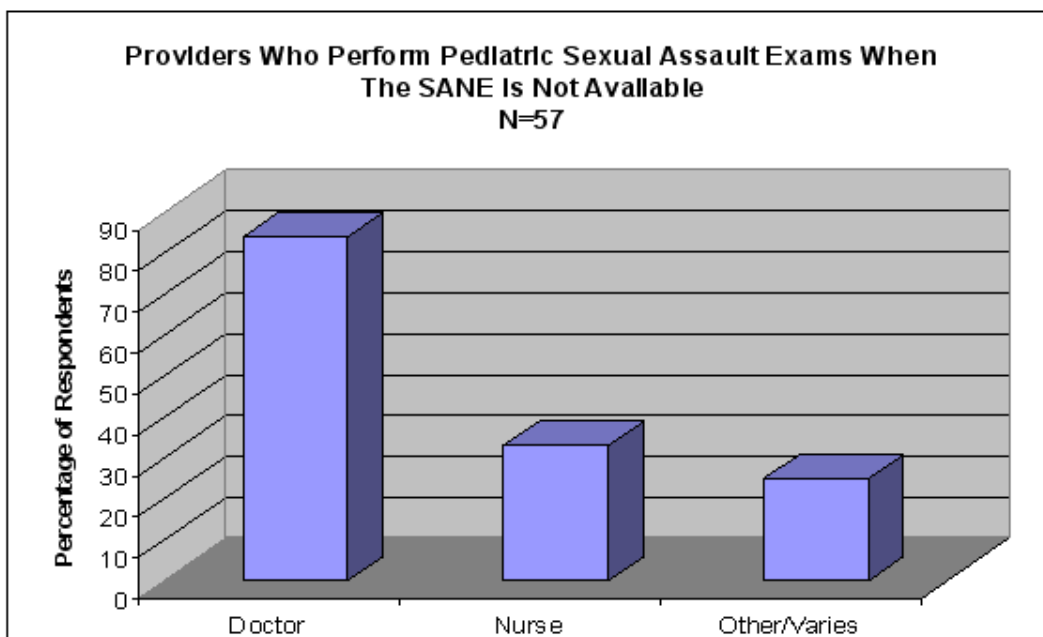
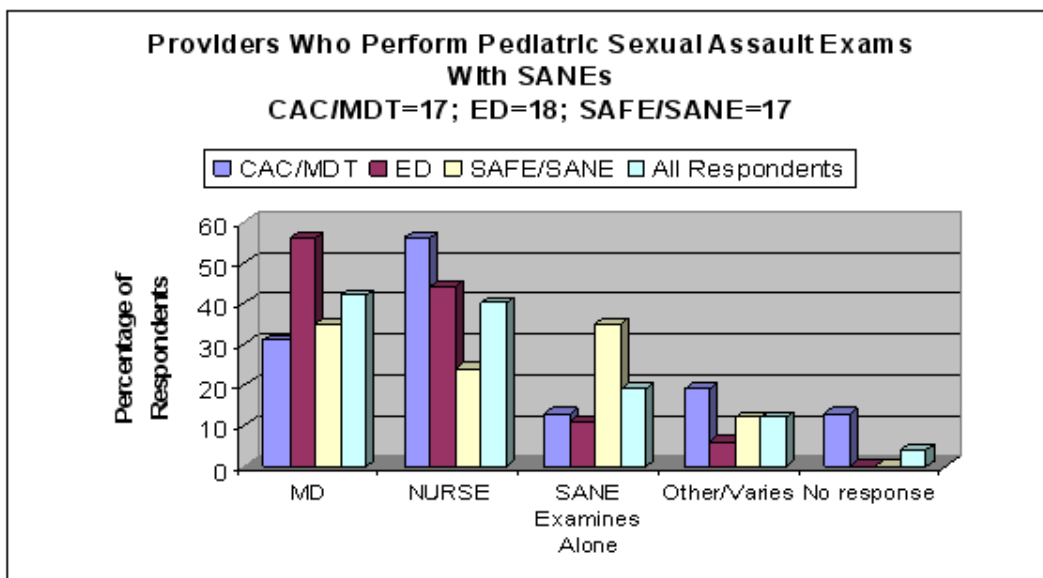
- 64% of Child Advocacy Centers offer pediatric sexual assault examinations on-site (N=24).
- 70% of Emergency Department respondents and SANE/SAFE examiners reported that they are not the only medical provider in their area for pediatric sexual assault examinations (N=40).
- 75% of all respondents reported that pediatric sexual assault examinations are performed in hospital Emergency Departments in their counties (N=64); 64% respondents reported that exams are performed in the CACs; 28% of respondents reported that exams are performed in private offices and 25% of exams are performed in clinics (N=64).



Performance of Pediatric Sexual Assault Examinations

FINDINGS

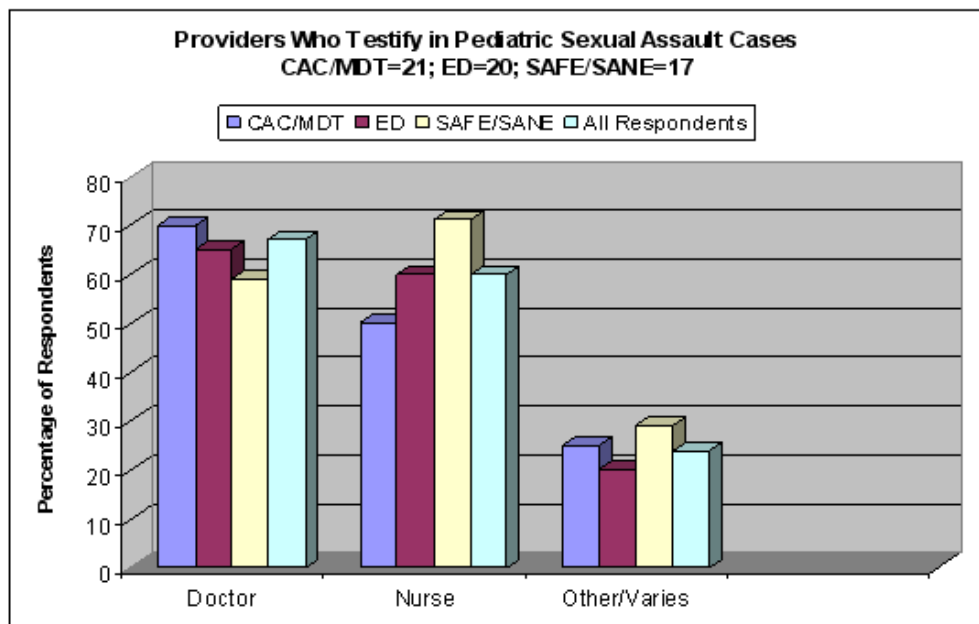
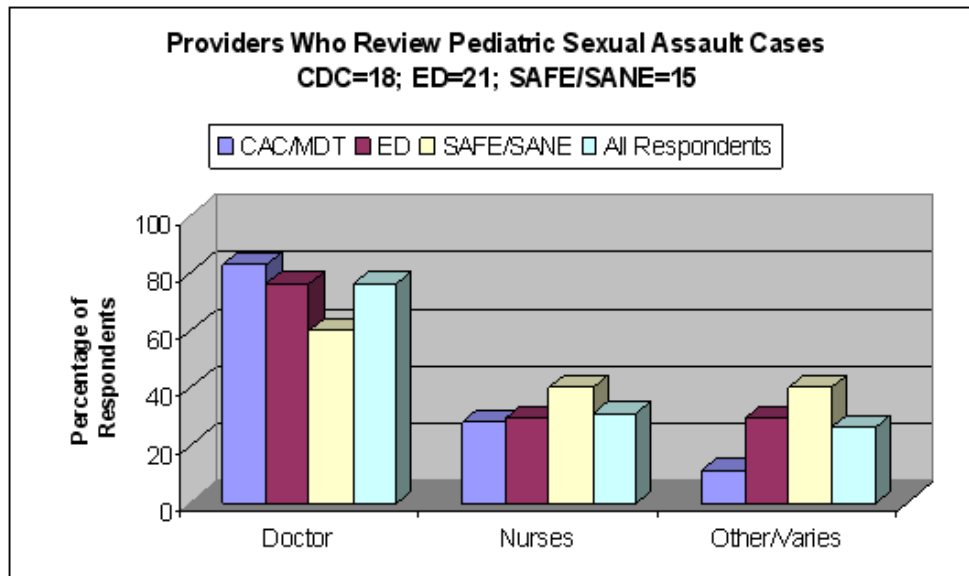
- 42% of all respondents reported that a doctor performs the pediatric sexual assault exam with a SANE while 40% of all respondents reported a nurse performs the exam with a SANE (N=52).
- 35% of SANES report examining the child alone.



- 81% of all respondents reported that a doctor performs the pediatric sexual assault exam when a SANE practitioner is not available in their county (N= 57); 33% reported a nurse performs the exam when the SANE is not available.

Reviews and Testimony

FINDINGS

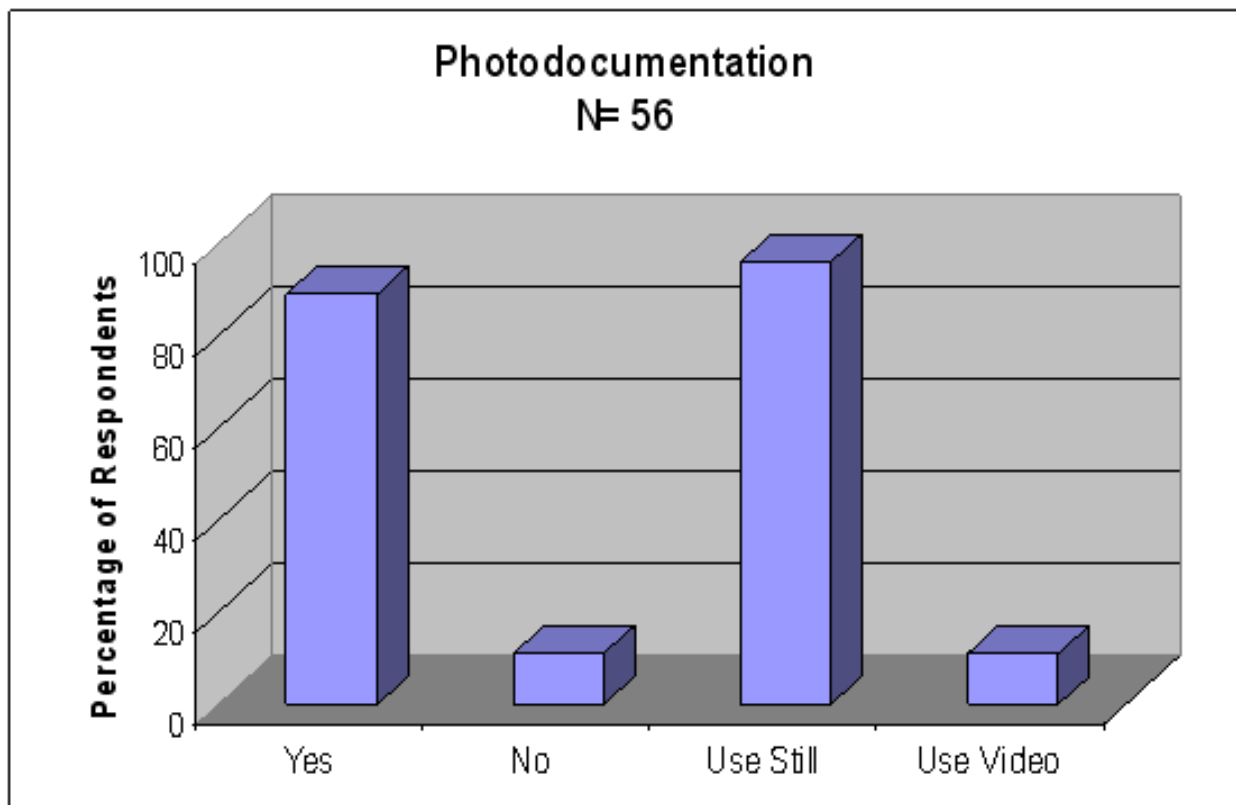


- 74% of all respondents reported that a doctor reviews the pediatric sexual assault cases in their county (n=54); 31% reported that a nurse reviews the pediatric sexual assault cases in their county (N=54).
- 67% of all respondents reported that a doctor testifies in pediatric sexual assault cases in their county (N=54); 60% of respondents also reported that a nurse testifies in pediatric sexual assault cases in their county. (N=57).

Photodocumentation

FINDINGS

- 89% of all respondents reported that they use photodocumentation during pediatric sexual assault examinations.
- 98% of all respondents who use photodocumentation use still photos (digital, 35 mm, colposcope).

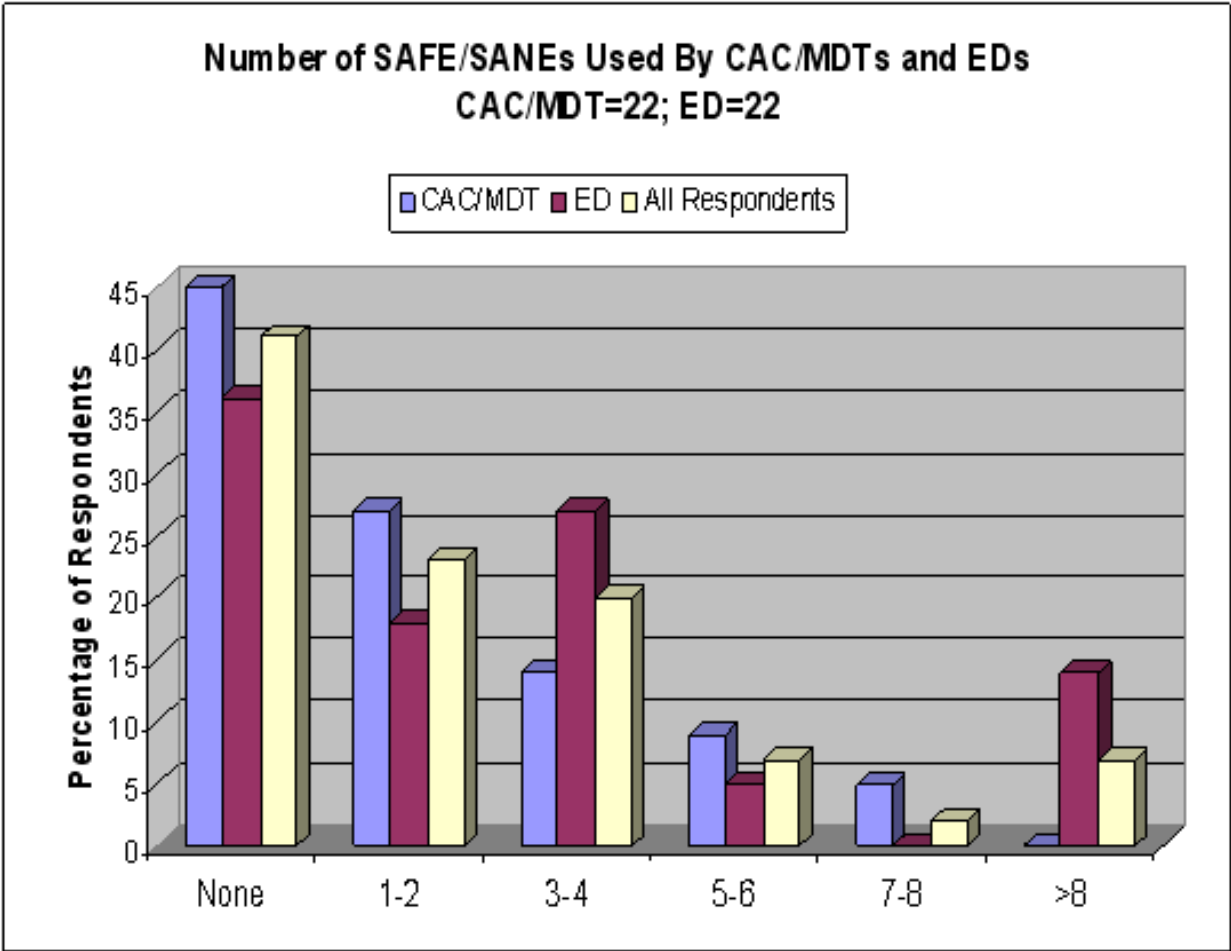


Utilization and Payment of SAFE/SANES

Utilization of SAFE/SANES

FINDINGS

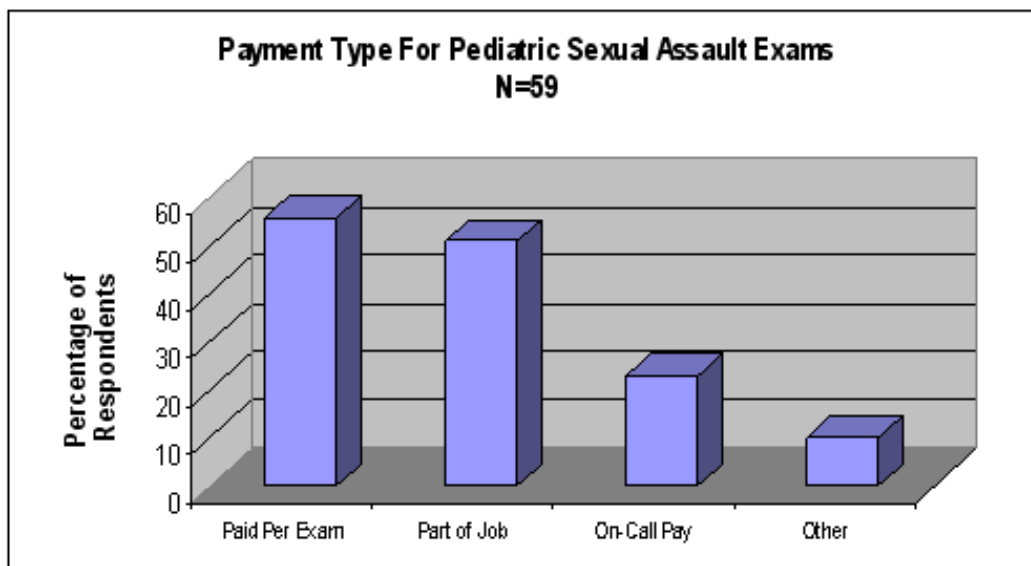
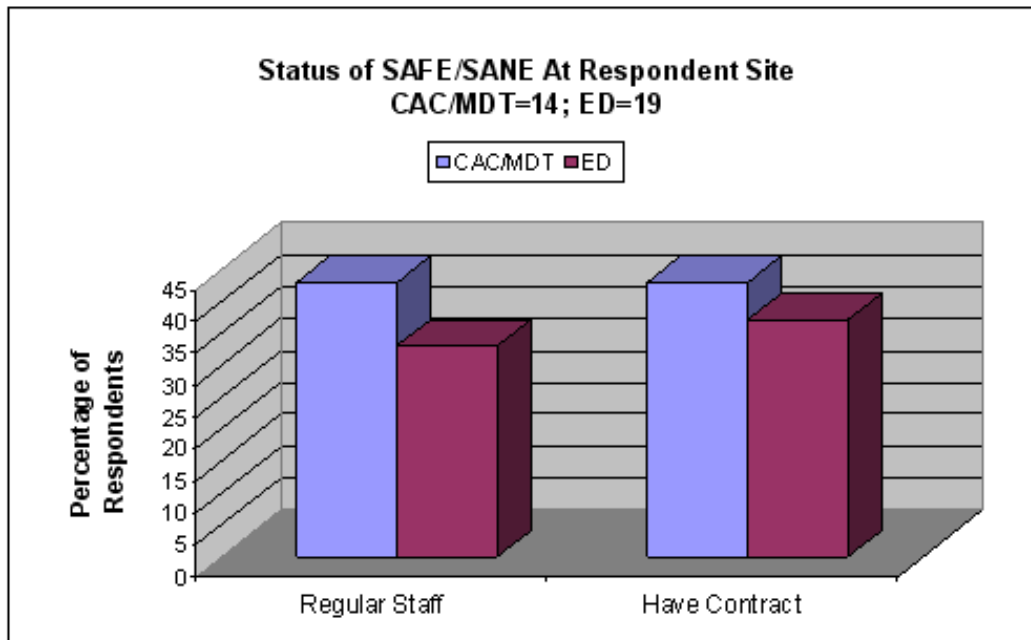
- 60% of CAC/MDT and Emergency Department respondents reported that they use New York State designated SAFE/SANE examiners at their site (N=45).
- 41% of all respondents do not use SAFE/SANES.
- 43% of all respondents reported that they use between 1 to 4 SAFE/SANE examiners at their site (N=40).



Job Status and Payment

FINDINGS

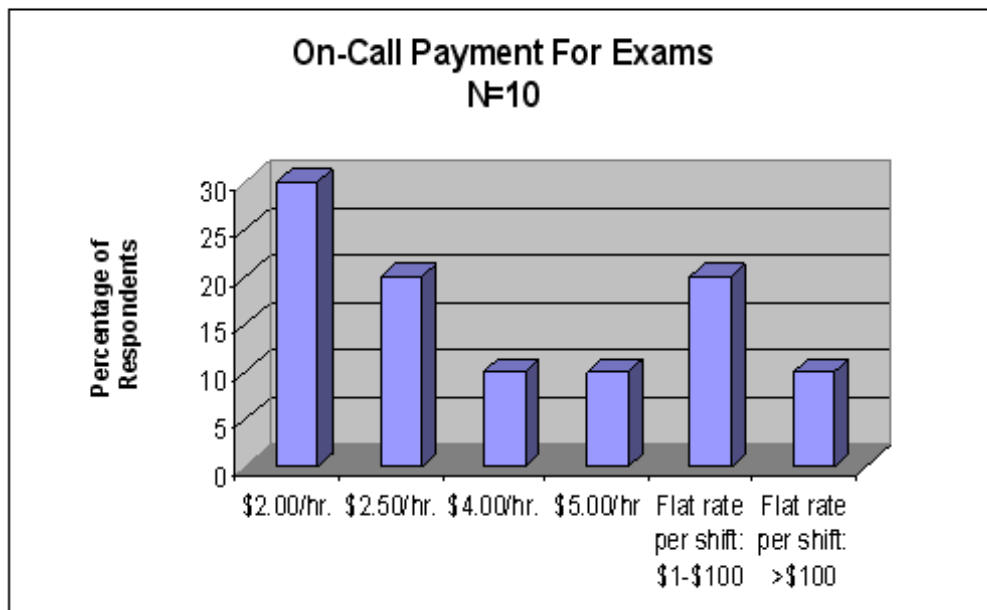
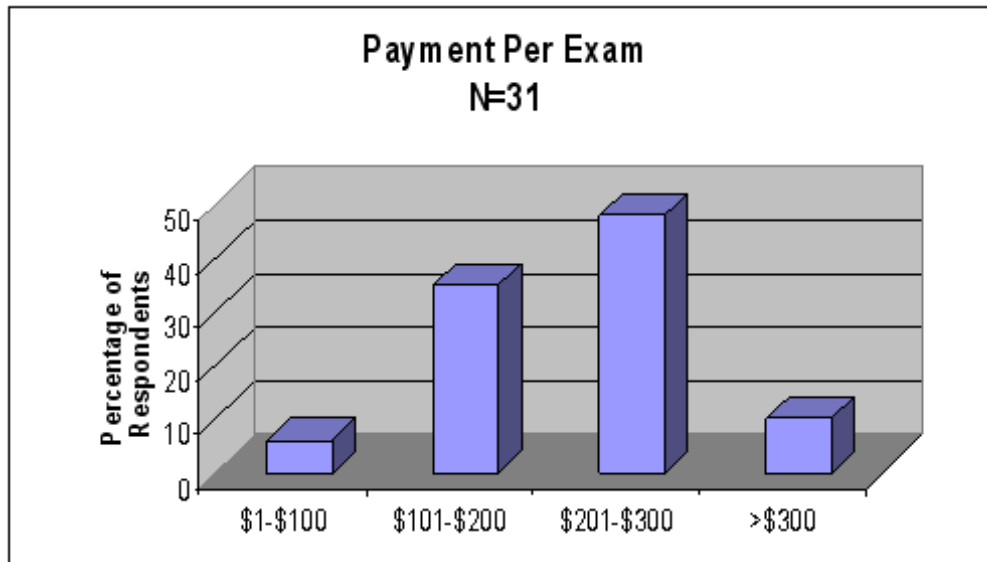
- 43% of CAC/MDT respondents and 33% of Emergency Department respondents reported that the SAFE/SANE examiners at their site are part of the regular staff (N=33).
- 43% of CAC/MDT respondents and 37% Emergency Department respondents reported that the SAFE/SANE examiners at their site are contracted (N=33).



- 56% of all respondents reported that they, or the examiners at their site, are paid per exam for sexual assault exams; 51% report are paid as part of their job; 23% receive on-call pay (N=59).

Payment Per Exam

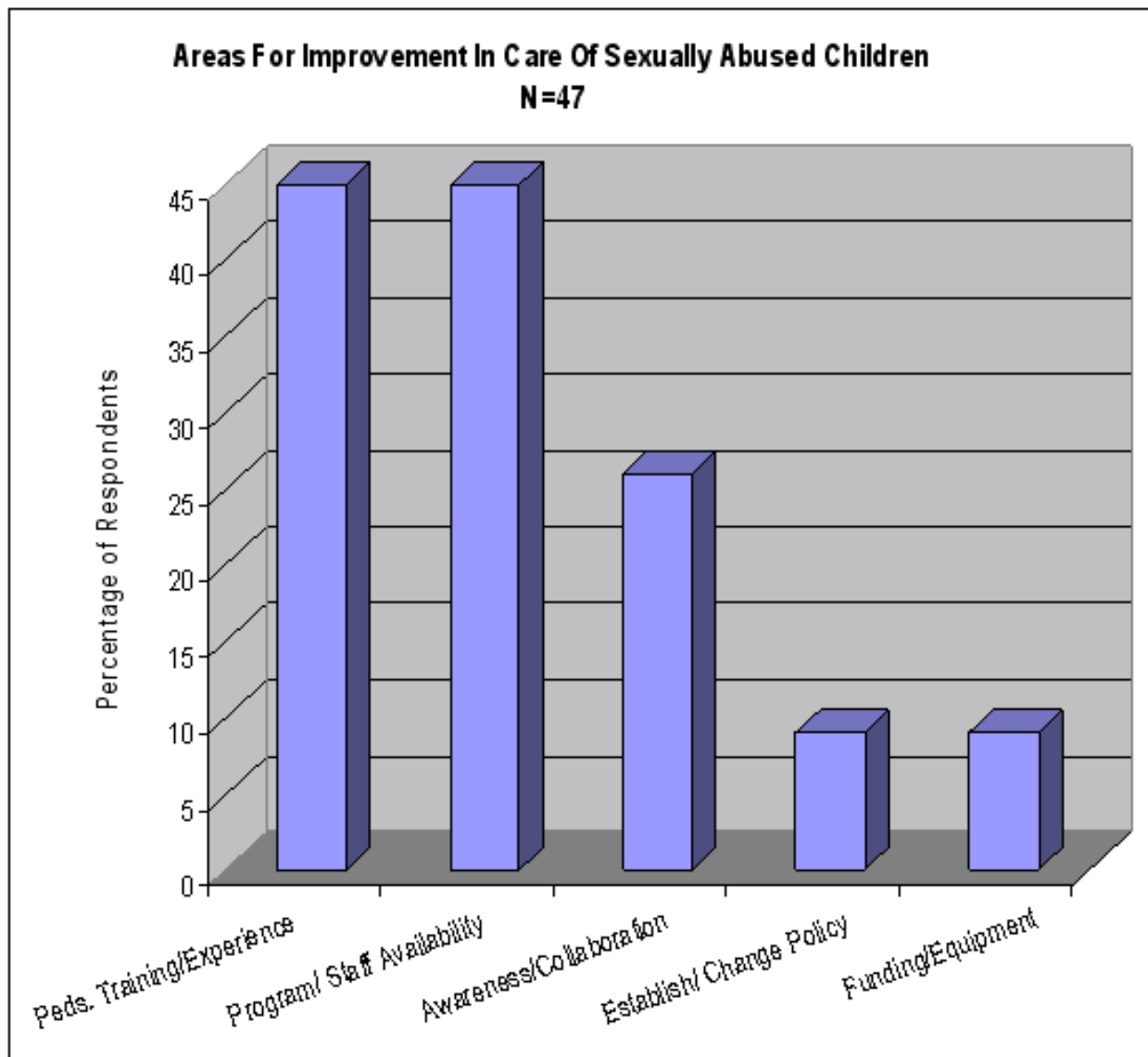
FINDINGS



- 48% of respondents reported that they, or the examiners at their site, are paid \$201-\$300 per exam; 35% are paid \$101-200 (N=31).
- 30% of respondents reported that they, or the examiners at their site, are paid \$2.00/hr. when they receive on-call pay for exams (N=10).
- On-call payment ranged from \$2 per hour to \$5 per hour (N=10).
- 20% received a flat rate per shift of \$1-\$100 (N=31); 10% received a flat rate per shift of greater than \$100 (N=10).

Provider Satisfaction With Care

Provider Satisfaction



FINDINGS

- 72% of all respondents reported that they were “not satisfied” with the care received by children in their county when child abuse is suspected (N=47).
- 45% of all respondents cited program/staff availability as a need for improvement in the care of sexually abused children in their counties; 45% cited pediatric training/experience; 26% cited awareness/collaboration; 9% cited establish or change policies; 9% cited funding/ equipment

Acknowledgements

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Carol Dwyer, Maxwell School Survey Consultant, for survey editing and proofreading

Appendix

Appendix I: CAC and MDT Participants

- Bivona Child Advocacy Center
- Chemung County Multidisciplinary Team
- Chenango County Multidisciplinary Team

- Child Advocacy Center of Herkimer County
- Child Advocacy Center of Niagara
- Child Advocacy Center of Northern New York
- Columbia-Greene County Child Advocacy Program
- Cortland County Child Sexual Abuse Intervention Team
- The Dr. Stephen and Suzanne Menkes Child Advocacy Program
- Harriet M. West Child Advocacy Center
- Lee Gross Anthonie Child Advocacy Center
- Lewis County Multidisciplinary Team
- Madison County Multidisciplinary Team
- McMahon Ryan Child Advocacy Site
- The New York Center for Children
- Oneida County Child Advocacy Center
- Rockland County Multidisciplinary Task Force
- St. Barnabas Hospital Child Advocacy Center
- Schenectady County Child Abuse Multidisciplinary Team
- START Children's Center
- Staten Island Child Advocacy Center
- Westchester County Children's Advocacy Center
- Wyoming County Sexual Abuse Response Team

Appendix I: Emergency Department And Extension Clinic Participants

- Albany Medical Center
- Catskill Regional Medical Center
- City Hospital Center at Elmhurst
- Claxton-Hepburn Medical Center
- Columbia Memorial Hospital
- Community General Hospital
- Crouse Hospital
- F.F. Thompson Foundation, Inc.
- Good Samaritan Hospital
- Massena Memorial Hospital
- Moses Ludington Hospital
- The Mount Vernon Hospital
- Nicholas Noyes Memorial Hospital
- Peconic Bay Medical Center (formerly Central Suffolk Hospital)

- Planned Parenthood Mohawk Hudson, Inc.
- St. Catherine of Siena Medical Center
- Samaritan Hospital
- Strong Memorial Hospital
- Suicide Prevention and Crisis Services
- Wayne County Rural Health Network
- WCA Hospital

Appendix I: SAFE/SANE Participants By Primary County

PRIMARY COUNTY

- Albany
- Broome
- Chautauqua
- Columbia
- Dutchess
- Erie
- Kings
- Onondaga
- Monroe
- Putnam
- Rensselaer
- Suffolk
- Wayne
- Westchester

Appendix II: Counties by Region

Region 1: Niagara

- Allegany
- Cattaraugus
- Chautauqua
- Erie
- Genesee
- Niagara
- Orleans
- Wyoming

Region 2: Finger Lakes

- Chemung
- Livingston
- Monroe
- Ontario
- Schuyler
- Seneca
- Steuben
- Wayne
- Yates

Region 3: Central

- Cayuga
- Cortland
- Herkimer
- Jefferson
- Lewis
- Madison
- Oneida
- Onondaga
- Oswego
- St. Lawrence
- Tompkins

Region 4: Leatherstocking

- Broome
- Chenango
- Tioga

Region 5: Adirondack/Capital/Catskill

- Albany
- Clinton
- Columbia
- Delaware
- Essex
- Franklin
- Fulton
- Greene
- Hamilton
- Montgomery
- Otsego
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Warren
- Washington

Region 6: Hudson Valley

- Dutchess
- Orange
- Putnam
- Rockland
- Sullivan
- Ulster
- Westchester

Region 7: NYC Metro

- Bronx
- Kings
- New York
- Queens
- Richmond

Region 8: Long Island

- Nassau
- Suffolk

