JUSTICE FOR SURVIVORS ACT
Statewide Telehealth Network for Forensic Examinations of Victims of Sexual Offenses Program

Annual Report
2023

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Background

During the 2020 legislative session, the Missouri General Assembly charged the Missouri Department of Health and Senior Services (DHSS) with creating the Justice for Survivors Act Statewide Telehealth Network for Forensic Examinations of Victims of Sexual Offenses Program (SB 569 and Section 192.2520 RSMo).

Each year, DHSS is required to make publicly available a report that shall include the information hospitals report to DHSS as required by statute. The report shall also include, in collaboration with the Department of Public Safety, information about the number of evidentiary collection kits submitted by a person or entity outside of a hospital setting, as well as the number of appropriate medical providers utilizing the training and telehealth services provided by the network outside of a hospital setting. In 2022, Missouri's General Assembly appropriated general revenue funds to DHSS for the establishment of the network. As the network is in the process of being established, there is no data from hospitals or the Department of Public Safety to report at this time. Therefore, the objective of this report is to provide an update on the Missouri Justice for Survivors TeleSANE Program and information regarding the next steps in program development and resource allocation for Missouri's sexual assault survivors.

Terminology

The terminology used in this report to describe key aspects of the program and the persons it is designed to serve are identified and defined below.

- An **acute survivor of sexual assault (ASSA)** is any individual who has been a victim of sexual assault and is not deceased who presents for care within 120 hours of the assault (Centers for Disease Control and Prevention [CDC], 2021).
  - Throughout this report, we use several words to describe individuals who experience sexual violence. Individuals who have been assaulted are sometimes referred to as "victims," a term generally used in judicial and law enforcement systems. Advocacy service providers often use the word "survivor," health care professionals are encouraged to refer to these individuals as "patients." Some individuals do not identify with any of these terms and do not feel that these labels adequately convey their personal experiences of sexual violence. Whenever possible, allow individuals to select the most comfortable terminology.

- **Sexual assault** is "sexual activity that occurs when consent is not obtained or freely given" (CDC, 2021). This definition includes sexual coercion.
- **Acute sexual assault** is any assault that occurred in the prior 120 hours (International Association of Forensic Nurses [IAFN], 2022).
- A **sexual assault nurse examiner (SANE)** is a nurse who has received specialized training (both didactic and practical) in the examination of ASAS and the collection of forensic evidence (IAFN, 2022). SANEs are trained to provide trauma-informed, evidence-based care to this unique and vulnerable population. The IAFN may certify SANEs for the pediatric or adolescent/adult age groups or both. Any person trained in the care of an ASSA who is not a registered nurse is referred to as a sexual assault forensic examiner.

- **Sexual assault forensic exam (SAFE)** is an exam performed by a trained medical professional following a sexual assault for collecting forensic evidence (IAFN, 2022). The acronym SAFE can be used to describe a sexual assault forensic examiner; however, for clarity purposes in this report, it will exclusively be utilized in reference to the examination.
- **Forensic evidence collection** is the collection of hairs, fibers or specimens of body fluids from a victim's body or garments that may aid in the identification of the perpetrator (CDC, 2021).
- **Sexual assault forensic exam via telehealth (SAFE-T)** refers to a SAFE performed under the guidance of a SANE (or sexual assault forensic examiner) utilizing telemedicine technology.
  - TeleSANE is utilized to represent the SANE nurse or provider who is acting as the consulting expert during the SAFE-T.
- **Satellite sites** are those emergency departments where ASAS present seeking care following their assault. The satellite site is responsible for coordinating the SAFE-T.
  - **The Hub site is the facility where** TeleSANE is employed and practiced. This site is responsible for overseeing the SAFE-Ts for their designated originating sites.
- **SAFETrack** is the state of Missouri's statewide sexual assault evidence kit tracking system. The Attorney General's Office oversees SAFETrack in accordance with Missouri statute (Section 595.220 RSMo).
- **Perpetrator** is a person who inflicts sexual assault (CDC, 2021). Individuals who commit sexual violence against another person are often also referred to as "assailants."
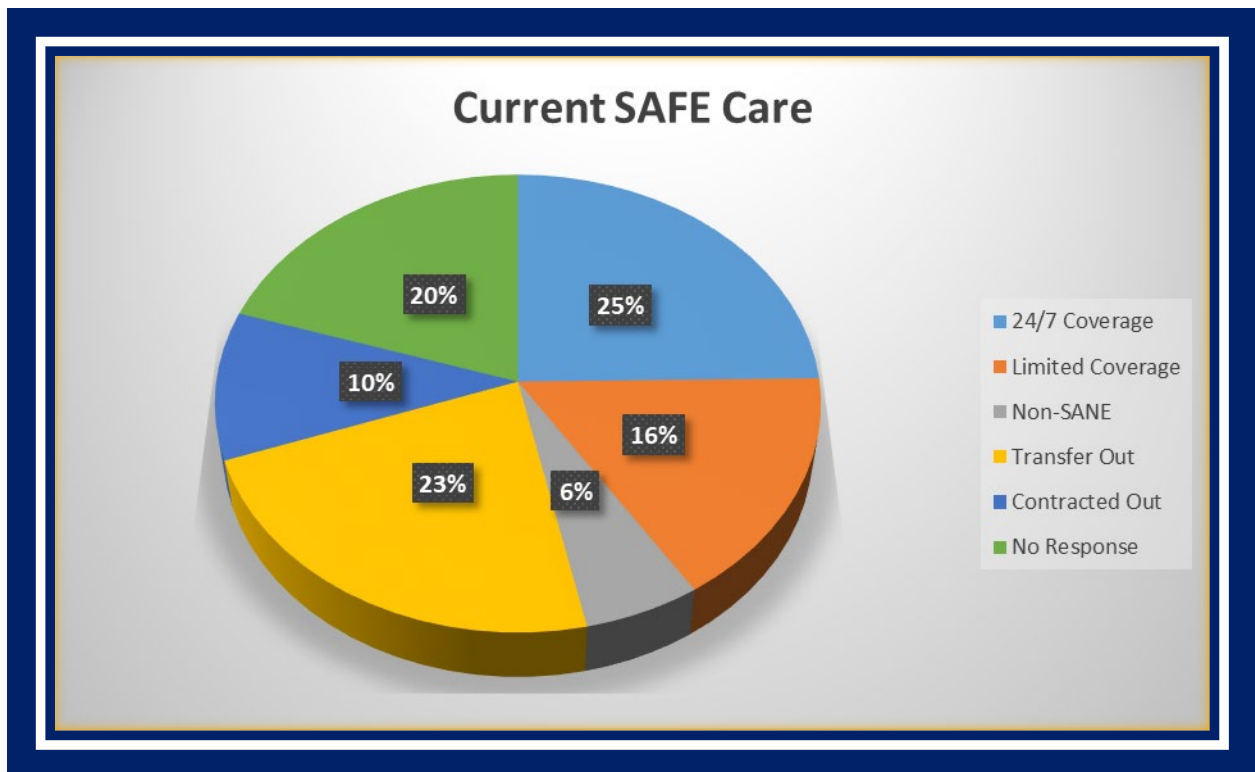
Sexual Assault Data

Sexual assault is a serious public health issue affecting men, women and children statewide. In Missouri, it is estimated that one in three women and one in seven men have experienced sexual violence (SV) in their lifetime (Smith et al., 2017). The Missouri State Highway Patrol Statistical Analysis Center reports that in 2021, there were 3,262 reports of sexual assault.

Of the sexual assaults reported in Missouri in 2019, 198 occurred in non-metropolitan counties, 338 occurred in non-metropolitan cities, and 3,390 occurred in metropolitan areas (FBI, 2020). This indicates that 12 percent of reported sexual assaults in Missouri occurred in rural areas, and 88 percent occurred in metropolitan areas. It is widely believed that the incidence of sexual assault is far greater than what is actually reported, thus creating fluctuation in statistical data. While the number of reports does not likely capture all of the acts of sexual assault committed in Missouri, it does represent an alarming amount of violence taking place in the state. No matter the data source or statistic, it is clear that too many people are being hurt. In addition to the immediate trauma experienced by survivors and victims, many report a higher prevalence of adverse health outcomes, including asthma, irritable bowel syndrome, diabetes, chronic pain and activity limitations (Basile et al., 2022). Recent research published in the American Journal of Preventative Medicine calculated the lifetime cost of rape per victim is a staggering $122,461 (Peterson et al., 2017). Given the prevalence of the problem, adverse health outcomes and economic impact, sexual violence is a significant problem for Missouri.

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Appropriate, timely care for acute sexual assault survivors is paramount to minimizing the lifelong impact of the violence and aiding the survivors in taking back the power and control that was ripped from them during the assault. Research has demonstrated that many emergency department providers lack the specialized training required to provide trauma-informed care to this unique population (Fehler-Cabral et al., 2011). SANEs have extensive training and clinical experience in treating sexual assault survivors (Fehler-Cabral et al., 2011). Last year, we discovered a lack of accurate data surrounding the number and location of SANE programs across the State. To ascertain the needs of Missouri survivors, DHSS surveyed Missouri hospitals. In that survey, facilities were asked to describe the current care they provide to survivors seeking SAFEs. Out of 105 hospitals surveyed, 80 percent responded. DHSS discovered that only 35 percent of facilities currently offer SAFE services 24 hours a day, seven days a week. While 10 percent of those facilities have contracts to provide services, 25 percent have SANE programs that offer full coverage. That means that at least 45 percent of Missouri hospitals have limited or no SAFE care available.

Current Status

DHSS will establish the Justice for Survivors TeleSANE Program to ensure all survivors in Missouri have access to appropriate SANE care. In July 2022, DHSS began outlining the steps required for program implementation in collaboration with key stakeholders.

The following timeline depicts the milestones achieved in the implementation process during 2023:

January 2023
- The program specialist and contractor developed and distributed a needs assessment survey to 105 hospitals across the state.
- Educational Content Committee was formed and began developing educational content.
- Discussions began with 2nd pilot site.

2 *Pilot Sites Established*

March 2023
- The program specialist traveled to Texas for advanced SANE training.

April 2023
- Survey data was analyzed, and equipment procurement began.
- The program specialist presented SAFE-T education to Missouri criminologists.
- The program manager and program specialist began rule writing for JFS.
- OWH hosted SAFE-T informational webinars providing program details and updates to hospitals and stakeholders.

90 *Nurses Trained to be SANEs*

June 2023
- OWH sponsored the first of two SANE classes, with 14 nurses in attendance in Springfield, MO.

July 2023
- OWH sponsored the Missouri Collation Against Domestic and Sexual Violence advocacy summit, expanding advocacy education to advocates in Missouri counties, featuring the first live SAFE-T demo.
- Pilot prescriber education began.

73 *Advocates Trained*

August 2023
- The program specialist appeared on MOmentum, MOCADSV podcast, to discuss the SAFE-T network and its impact on Missouri survivors.
- The program specialist presented education to True North advocacy center in Columbia, MO.

September 2023
- OWH sponsored 14 Missouri nurses' attendance at the International Association of Forensic Nurses conference in Phoenix, AZ.
- The program manager and program specialist attended the IAFN conference in Phoenix, AZ.

14 IAFN conference attendees sponsored

October 2023
- The first hybrid Missouri IAFN chapter meeting was hosted at DHSS, featuring a SAFE-T demo from the perspective of the cSANE.
- Educational modules previewed by IAFN members.
- Pilot prescriber education completed.

November 2023
- The second DHSS-sponsored SANE class was held in Columbia, Missouri, in partnership with St. Luke's Hospital, Missouri Telehealth Network, and the Emergency Nurses Association. Seventy-six nurses and prescribers were provided with free SANE training.

December 2023
- Educational modules were completed and made available Statewide.

106 Missouri Counties Serviced

Forward Progress

In 2023, DHSS identified six key components for successful program implementation in 2023. While the program's launch has been delayed by six months, forward progress has been made in each key component.

- **Data improvement:** DHSS surveyed 104 Missouri hospitals to obtain more accurate data reflecting the state's current number of SANE programs and which hospitals will require assistance from the program. Responses were received from 83 hospitals (80 percent). Through the survey results, DHSS was able to compile a list of hospitals to receive equipment and support beginning in July 2024.
- **Equipment distribution:** DHSS purchased equipment for those hospitals identified as hub sites needing SAFE-T services. Equipment was distributed to the pilot sites for training and implementation.
- **Pilot site expansion:** The contractor established a second pilot hub and three additional satellite sites. A third pilot hub has been identified, and the contractor is negotiating a participation agreement with that site.
- **Pilot site training:** DHSS worked with the contractor and pilot sites to finalize TeleSANE **education for Hub and Satellite sites.**
- **Site visits:** DHSS will perform site visits to the remaining pilot sites and provide education as indicated as a joint venture with MO Telehealth.

- **Law enforcement and advocacy center training:** DHSS will provide education for law enforcement agencies and advocacy centers to ensure stakeholders and partners understand where survivors can seek services as they become available.

Future Needs

Through conversations with stakeholders surrounding the program, DHSS has identified several increasing needs with implementing the teleSANE program.

Sexual Assault Survivors' Bill of Rights

As a part of the "Sexual Assault Survivors' Bill of Rights" ([Section 595.201 RSMo](#)), all survivors are entitled to consult with an employee or volunteer of a rape crisis center during their exam. Many areas of the state do not currently have the capacity to offer these services. These areas will need additional funding and resources to provide advocacy services. Resources required include staff time and/or other supplies, such as iPads for teleAdvocacy services in areas where advocates are unavailable.

Trauma-informed care

Current and future SANEs will need continuing education and training to maintain competency with evidence-based, trauma-informed care. SANEs are expected to be knowledgeable concerning current evidence-based practice standards. Certified SANEs must renew their IAFN SANE certification every three years by providing evidence of 45 hours of continuing education (IAFN, 2022). Additionally, DHSS will encourage all teleSANEs to obtain certification within six months of eligibility. Each of these requirements necessitates that continuing education on the most current practice standards and guidelines be provided to all SANEs participating in the program. Originating site staff will also need annual education to maintain competency in the SAFE-T process.

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