Law Enforcement Perceptions of Sexual Assault Nurses in Texas

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**ABSTRACT**

The data collected in this study reveal excellent support for and confidence in the contribution to effective criminal investigation by Sexual Assault Nurse Examiners (SANEs). Law enforcement officials believe that SANEs perform the medical forensic physical evidence collection in an efficient and professional manner. They also indicate confidence in the written reports, chain of custody responsibilities, and later case development cooperation when SANEs are part of the investigative team.

**INTRODUCTION**

This study analyzes the level of satisfaction that law enforcement investigators have with the sexual assault nurse examiner’s (SANE) delivery of services to the victims of sexual assault and the criminal justice process. Meredith, Speir, and Johnson (2000) note that for many sexual assault victims, law enforcement professionals are their first contact with the criminal justice system and/or victim service providers; therefore, the police are a critical partner to victim service programs. Given that many sexual assaults are not reported, it becomes especially important that victims who do report receive professional, caring service. SANEs provide that level of care and aid in the prosecution process by collecting evidence and providing expert witness testimony in court cases.
Historical Perspective

Prior to the 1970s, victims of sexual assault who dared report their victimizations to the agents of the criminal justice system were often “re-victimized” by those who had sworn to protect them. Criminal Justice practitioners, who were predominantly male, frequently denied (or were skeptical of) the possibility that victims, who were predominantly female, could have been forced to engage in sexual activity against their will. In 1966, The National Organization for Women was founded and, due primarily to its activism, social and legal reform in the area of violence against women have created a more supportive environment for the victims, both male and female, of sexual assault (Adler, 1975).

During the late 1960s, battered women’s shelters, and later rape crisis centers, offered compassionate care and needed services to female victims of sexual assault. Many of the earlier shelters had a feminist ideology and a collectivist structure (Shecter, 1982). Feminists blamed male dominance for violence against women and they challenged the ideology that preached subordination of women. Initially, the women running the shelters used informal consciousness-raising techniques that encouraged self-determination with women who came to them for assistance and shelter. As the shelter movement grew, persons who were not necessarily feminists focused primarily on the immediate needs of the battered women, and sexual assault victims.

Prior to the advent of the rape crisis movement in the 1970s, victims of sexual assault were often denied treatment and other services in hospital emergency rooms (Ledray and Arndt, 1994). Those who received services were more often than not subjected to long waits in common areas because their injuries were not life-threatening; therefore, medical personnel assigned them low-priority status. Furthermore, medical practitioners were sometimes either inadequately trained to conduct forensic examinations and/or they were reluctant to do so because of the possibility that they would be required to testify in legal hearings. For these and other reasons, sexual assault victims might not receive compassionate and adequate treatment. Rape crisis centers and nurses, in an attempt to address deficiencies in the services provided to victims of sexual assault, created some of the first Sexual Assault Nurse Examiner (SANE) programs. (Ahrens, Campbell, Wasco, Grubstein, and Davidson, 2000). Although most of these programs continue to operate within the confines of the hospital emergency room, the services that sexual assault victims receive are now qualitatively different.

SANE Programs

The first SANE programs were established in the mid-to-late 1970s by nurses in Minneapolis, Minnesota, Memphis, Tennessee, and Amarillo, Texas (Littel, 2001, p. 2). During the 1990s, these programs grew exponentially, and by mid-1999 an estimated three hundred SANE programs had been established. Patterson, Campbell, and Townsend (2006) conducted interviews with the most experienced nurses from 144 SANE programs. They found that in
general, SANE programs were categorized on the basis of their primary goals: prosecution of cases, attending to patient needs, and those which placed the least amount of importance on prosecution of cases and focused on victim support issues. Regardless of program type, the sexual assault nurse examiner has become the most important actor in the provision of service to victims.

A sexual assault nurse examiner is a “…registered nurse who has been specially trained to provide comprehensive care to sexual assault victims, who demonstrate(s) competency in conducting a forensic exam for the collection of evidence, and has the ability to testify as an expert witness” (Texas Office of the Attorney General, 1999, p. 1). SANEs may also conduct evidentiary examinations of suspects in sexual assault cases. These exams are usually conducted at local hospitals. In general, during the course of a victim’s exam, SANEs:

- Perform the physical exam.
- Collect, preserve, and document all evidence.
- Collect urine and blood samples and send them to designated labs.
- Obtain victim’s account of the assault.
- Provide the victim with prophylactic medications for the prevention of sexually transmitted diseases and other care needed as a result of the crime.
- Provide the survivor with referrals for medical and psychological care and support (Littel, 2001, p. 3).

SANEs are paged whenever a victim enters the sexual assault response system, and they usually respond within thirty minutes or less. The victim’s need for emergency medical care is assessed, and serious injuries are treated by emergency room physicians and nurses prior to the SANE’s evidentiary examination (Littel, 2001). In many jurisdictions (including Texas), trained victim advocates are allowed to be present, with consent of the survivor, during the examination. Sexual assault examinations can last anywhere from two to five hours. In Texas, Article 56.045 provides that before an exam is conducted the survivor must be offered the opportunity to have a trained advocate from a sexual assault program present during the exam. Exams in Texas are ordered by either a law enforcement agency or a district attorney’s office, but the victims may decide at any time to discontinue the exam. Local police agencies pay for the examination and are reimbursed by the Crime Victim Compensation Fund managed by the Office of the Attorney General (OAG) after the submission of required documentation. If and when sexual assault cases go to trial, SANEs may be required to testify about forensic evidence they collected during exams. They usually testify as expert witnesses and communicate with prosecutors prior to the court date.

In the 1980s, many police departments created sexual assault investigations divisions. Protocols were developed for the processing of these victims. Prosecutor’s offices began to offer services to victims, and many grassroots and private charitable organizations that offered
services to victims of sexual assault and other forms of violence proliferated during the same period. Subsequently, many communities and counties formed sexual assault response teams (SARTs), which consisted of representatives from the law enforcement community, prosecutor’s office, rape crisis centers, and sexual assault nurse examiner (SANE) programs. According to Little (2001, p. 6), SARTs “… oversee coordination and collaboration related to immediate response to sexual assault cases, ensure a victim-centered approach to service delivery, and explore ways to prevent future victimization.” SARTs play a critical role in the development and continuance of effective SANE programs. Central to an effective SART is a positive working relationship between the SANE and the law enforcement components.

How effective are SANE programs? Campbell, Patterson, and Lichty (2005, p. 313) attempted to answer this question by conducting a comprehensive review of the extant empirical literature regarding the effectiveness of SANE programs. The authors examined five domains: (a) promoting the psychological recovery of victims, (b) providing comprehensive and consistent post-rape medical care, (c) documenting the forensic evidence completely and accurately, (d) improving the prosecution of sexual assault cases by providing better forensics and expert testimony, and (e) bringing multiple service providers together to provide better service to providers, and thus creating community change. While the authors’ findings seemed to suggest that SANE programs were effective in all domains, they cautioned that most studies were incapable of rigorously testing program effectiveness because of methodological inadequacies.

Research reveals that, overall, prosecutors support these programs and the positive impact that SANE examinations have had on conviction of sexual assault offenders. SANEs can provide needed corroboration on the issue of consent in such cases. Several states have adopted legislation specifically defining the role of SANEs in the criminal justice system. It is anticipated that most states will expand their SANE programs over the next few years to provide a greater range of services.

Law Enforcement Role of SANEs

SANEs provide a valuable source of testimony for the trial process. During the examination of sexual assault victims, the SANE invariably discusses the case with the victim. When sexual assault nurse examiners are called upon to testify in court regarding statements made to them by victims, the defense is obligated to object to the evidence as hearsay. However, one exception to the rule against hearsay is for statements made for purposes of medical diagnosis or treatment. Attorneys have challenged whether this rule should be applied to SANEs or restricted to physicians. A two part test is typically applied to resolve this issue: (1) the declarant’s motive for making the statement must be consistent with that of a patient seeking medical diagnosis or treatment, and (2) it must be reasonable for the care provider to rely on the information conveyed by the declarant in diagnosis and treatment. In People v Hackney (1990), it was held that testimony of a nurse, as to the child’s account of the precise nature of the sexual acts or conduct involving him, was admissible under Michigan R Evid., Rule 803(4). Likewise, in a prosecution
of the defendant for sexually abusing his 13-year-old daughter, the court in People v Van Tassel held that statements the victim made to a nurse in an interview conducted before a physical examination identifying her father as her abuser were admissible. In another prosecution for child sex abuse, the court in State v Hicks (1991) held that statements made by the victim to her nurse in response to questions regarding the attack were admissible. Similar conclusions regarding the ability of the SANE to relate testimony derived while the examination is being conducted have been reached in virtually every jurisdiction that has reviewed the issue in appellate opinion. These cases have enhanced the value of SANEs to effective prosecution of sexual assault cases involving both adult and child victims, granting SANEs parity with physicians in this matter.

A second law enforcement role of SANEs is in establishing and maintaining the evidentiary “chain of custody” required for effective prosecution. When organic nonblood specimens are removed from a human body for scientific analysis the proponent must authenticate the specimen by showing that the specimen subjected to testing is the same specimen collected from the person in question. This is usually accomplished by proving a chain of custody, which requires accounting for the sample’s handling from the time it was first collected until the time it was analyzed. In State v. Peter (1997), the chain of custody for the biological samples of the victims was established by the testimony of the emergency room nurse (SANE) who completed the sexual assault evidence kits for each victim, the forensic serologist who testified about the storage of the victims’ blood samples, the detective who took the kits to the state department of public safety’s laboratory, and the department’s criminalist who sent the victims’ samples to the FBI laboratory. In sum, the court held, the evidence initially gathered by the SANE and subsequent actions by the state had established with “reasonable certainty” that the samples taken from the victims and from the defendant were the same as those tested by the FBI laboratory. Numerous other appellate cases have addressed the collection and maintenance of biological samples taken by SANEs and their strict adherence to principles of maintenance of the chain of custody.

The third function of SANEs which is significant to law enforcement is their role as an expert witness. The issue of whether a SANE qualifies as an expert witness in court is an important issue because expert witnesses may not only testify as to what they observed but also make rational deductions (opinion evidence) from those observations. Expert witnesses must possess special knowledge by virtue of education, profession, publication, or experience exceeding that of a lay person. Admissibility of expert witness testimony in most jurisdictions is governed by the Daubert Standard, a legal precedent set by the United States Supreme Court which requires the evidence to be both relevant and reliable (Daubert v. Merrell Dow Pharmaceuticals, 1993). SANEs, by virtue of education and professional training, may qualify as expert witnesses which renders them much more valuable to the criminal investigator who interviews the SANE. A SANE will be able to testify, for example, to his/her opinion regarding not only the existence of wounds such as laceration or bruising, but also opinion regarding the probable source of said injury.
Courts in Texas and other jurisdictions have thoroughly reviewed issues regarding the admissibility of physical evidence and verbal testimony gathered by SANEs and other registered nurses as it pertains to the prosecution of sexual offenses. A decade of appellate opinions from numerous jurisdictions has established the viability of SANEs’ evidence collection and testimony as experts (Dinkin and Seltzer, 2001). A West Law search produced over forty appellate opinions in Texas, which have addressed an array of legal issues regarding the activities of SANEs in the investigation of sexual offenses. Objections alleging that SANEs engaged in the unauthorized practice of medicine have been rejected. Their status as expert witnesses has been objected to and thoroughly reviewed with outcomes generally favorable to the prosecution. The Supreme Court of Virginia, whose opinions on this subject are often cited in other jurisdictions, concluded that SANEs possess adequate knowledge, training, and experience to render an informed opinion (Velazquez v. Commonwealth, 2002).

In Texas, even registered nurses not SANE certified have been permitted to testify about statements and symptoms of child abuse. Numerous appellate decisions approve of permitting SANEs to testify about the patient interview before and during the conduct of the two to five hour physical examination for sexual assault victims. These intensive examinations follow a thoroughly developed protocol involving the utilization of a standardized sexual assault evidence collection kit. Indeed, the activities of SANEs transcend mere evidence collection. Forensic examination of sexual assault victims as conducted by SANEs includes: the collection of samples of tissue; hairs from internal and external areas of the body; torn, bloody or soiled articles of clothing; foreign debris such as, hair fibers, cloth fibers, and secretions adhering to the victim’s body; photographs documenting bruising, contusions, or other injuries; fingernail scrapings; colposcope results, etc. The thoroughness of this examination process opens the door for development of a special rapport which often results in a relationship of trust. This means that SANEs may receive a greater degree of verbal evidence about the victim’s victimization and prior sexual/medical history than has previously been available to prosecutors. Incident to this elaborate process, SANEs develop rapport and trust with the victim(s) who may confide information valuable to the prosecution (or defense). Some surveyed SANEs even report maintaining contact with the survivor after the exam. This trust relationship may help decrease the incidence of victims withdrawing from the prosecutorial process later.

**Legislative Mandate**

In 1997, the 75th Texas Legislature passed House Bill 2561. Chapter 420 of the Bill outlines the provisions of the Sexual Assault Prevention and Crisis Services Act. Among the provisions of this act was the requirement that the Office of the Attorney General (OAG) of the state of Texas develop rules establishing minimum standards for the training and certification of sexual assault nurse examiners (SANEs). Nurses can seek both adult and/or pediatric certification. Additionally, the OAG was mandated to establish minimum standards for the suspension, decertification or probation of SANEs that violate the state-mandated rules and regulations. Certification rules, which were not a part of the bill, can be revised without legislative approval.
SANEs who had received training prior to September 30, 1998, were required to have completed 40 verifiable hours of classroom training to be eligible for certification. Those trained after October 1, 1998, were required to receive 56 hours of classroom training and 66 hours of clinical practice for adults or 96 hours of clinical for children to be eligible for certification. Classroom topics include the historical development of the sexual assault nurse examiner conceptual model; definitions and facts of sexual assault; role and responsibility of a SANE; symptomology of victims and crisis intervention skills; needs of special populations; orientation to adult female and male genital anatomy; detailed genital examination for injury identification; visualization adjuncts; sexual assault examination/documentation forms; laws specific to sexual assault and evidence collection; steps of evidence collection; specimen collection, preparation, and packaging; etc. Local police agencies pay for the services/examination and are reimbursed by the OAG (CRIME VICTIM ASSISTANCE FUND) after the submission of required documentation. While the literature indicates that there is little question to the level of training and sophistication of the modern SANE, their relationship with law enforcement has received little examination.

**SURVEY METHODOLOGY**

The law enforcement perceptions of sexual assault nurses were obtained by conducting a mail out survey. A 2001 listing of all law enforcement agencies in the state, which included the total number of sworn officers in the agencies, was obtained. Using this list a stratification procedure was developed. It was decided to divide the agencies into groups using number of sworn officers as the criteria. Agencies with more then 200 sworn officers were considered to be large. Agencies with between 50 and 199 sworn officers were considered to be midsized. Agencies with less than 50 sworn officers were considered to be small. The decision was reached to survey all the large and midsized agencies. This resulted in a total of 28 large agencies and 99 midsized agencies. In the large agencies category the largest agency reported 4,905 sworn officers, and the smallest had 207. The average size of the large agencies was 822.29 officers. In the midsized agencies the largest reported 188 sworn officers and the smallest had 50. The average size of the midsized agencies was 93.42 officers.

To represent the small agencies (less than 50 officers) a probability sample of 100 agencies was selected out of the 2,254 small agencies. In this small agency category the largest agency sampled reported 45 sworn officers, and the smallest had 2. The average size of the small agencies was 11.67 officers. There was no significant difference between the average number of offices in the sample and the average number of officers in the census of small agencies. The decision to use a probability sample of the small agencies was based on two factors. First, the cost of surveying all the small agencies would have been prohibitive. Second, the small agencies were much less likely to have contact with sexual assault nurses. The authors recognize that a less than 5% sample is not ideal and that any generalizations from this small agency category should be made with extreme caution.
The survey instrument included a series of 23 questions which included both fixed alternative and open ended questions. The questions addressed if the agency referred cases to SANEs, the degree of experience the respective department had with sexual assault nurses, their points of satisfaction and dissatisfaction with sexual assault nurses, and some demographic variables about the agency. After its construction the survey instrument was reviewed by a committee of experts in the subject matter prior to being administered. The review committee was composed of staff from the state’s attorney generals office, which administers the sexual assault nurse certification program, practicing sexual assault nurses and representatives from state-funded sexual assault victim services centers.

The survey was addressed to the investigative unit that handles sexual assault in each agency. While the authors believe that an appropriate official responded in each case, since the survey was anonymous, it is impossible to determine the exact respondent. Each survey (see Appendix A) included a cover letter, postage paid return envelope and a separate “acknowledgement” post card that could be mailed back at the same time as the survey instrument. The acknowledgment postcard allowed the survey to be returned anonymously and let the authors to know which agencies had responded. Then, when a reminder letter was mailed out it could be mailed only to agencies that had not originally responded. Assuming that the agencies who responded to the survey are also the agencies who returned the postcards, this technique could also be used to examine the response rate by agency size. As a methodological note; while the agencies were asked to mail the postcard with their agency name on it separately, to maintain anonymity, a number included the postcard in with the returned survey. When this occurred the two items were immediately separated. Two months after the initial mail out, a follow-up mail out was conducted to agencies that had not mailed back their acknowledgement cards.

A very good response rate was achieved on the mailed surveys with 55.5% (126) of all law enforcement agencies in the sample responding. Of the large agencies 21 or 75% responded, of the midsized agencies 67 or 67.8 % responded and of the small agencies 38 or 38% responded. The much lower response rate from the smaller agencies was expected. Because of the nature of the jurisdictions they serve, smaller populations and other factors, they were much less likely to have had contact with sexual assault nurses. For these agencies the relevance of the survey was probably low and that produced a lower response rate.

SURVEY RESULTS

The survey questions were designed to address some areas of common concern that had been identified in the literature. A grouping of four questions was designed to examine whether law enforcement officers thought that SANEs had improved the relationship and cooperation between sexual assault victims and the police. A second block of four questions was used to address the issues of evidentiary quality and the third block of questions addressed if SANEs had improved the relationship and cooperation between the medical services personnel and the law
enforcement agencies. Open-ended questions were used to request a description of the collaborative arraignment that comprised the SART in their jurisdiction and any suggestions that they had for improving the services of the SANEs in Texas.

**Victim Cooperation/Participation**

Victim participation is crucial in the apprehension and successful prosecution of sexual assault offenders. Nugent-Borakove, Fanflik, Troutman, Johnson, Burgess, and O’Connor (2006) found in their study of the impact of SANE/SART interventions on the judicial process that victim participation was one of the strongest predictors of arrest of the offender. The extent to which victims cooperate with law enforcement is partially attributable to the quality of their contact with SANEs/SARTS. Prior to the intervention of SANEs, Littel (2001) notes that sexual assault victims often spent four to 10 hours in emergency departments before their examination by medical personnel because they were viewed as non-critical cases, especially if minimal physical injuries were sustained. After the long waits in the emergency departments, victims were often re-victimized by insensitive medical personnel and skeptical law enforcement officers. These experiences did not facilitate the investigation and prosecution processes, as victims were less likely to be fully cooperative, nor were their emotional needs met.

In this study, which examines law enforcement perceptions of SANE functions, sixty one percent of the respondents agreed or strongly agreed that the use of SANEs has reduced the hospital wait time for sexual assault victims (See Table 1).

<table>
<thead>
<tr>
<th>VICTIM RELATIONSHIP/COOPERATION</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>NEUTRAL</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>NO OPINION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The use of SANEs has reduced the hospital wait time for sexual assault victims.</td>
<td>42%</td>
<td>19%</td>
<td>17%</td>
<td>11%</td>
<td>1%</td>
<td>10%</td>
</tr>
<tr>
<td>2. Victim comments made to SANEs during sexual assault examination are useful in identifying and apprehending suspects in sexual assault cases.</td>
<td>33%</td>
<td>52%</td>
<td>7%</td>
<td>5%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Table 1. LAW ENFORCEMENT PERCEPTIONS CONCERNING VICTIM RELATIONSHIP/COOPERATION**
Table 1. Law Enforcement Perceptions Concerning Victim Relationship/Cooperation (continued)

<table>
<thead>
<tr>
<th>Victim Relationship/Cooperation</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sexual assault victims are not as likely to give as much information about a sexual assault to a law enforcement officer as they might give to a SANE.</td>
<td>15%</td>
<td>32%</td>
<td>26%</td>
<td>19%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>4. Victims examined by SANEs are more likely to be cooperative with law enforcement throughout the apprehension and conviction of the suspected sexual assault perpetrator.</td>
<td>18%</td>
<td>40%</td>
<td>29%</td>
<td>3%</td>
<td>0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

This finding supports those of other researchers (Campbell et al., 2005; Crandall and Helitzer, 2003; Durhammer, Reed and Young, 2000; Greenwood, 2003; Ledray, 1993; Little, 2001; Nugent-Borakove et al.). Crandall and Helitzer (2003, p. 6), who evaluated the SANE program at the University of New Mexico Hospital Emergency Medicine Department, found that before the inception of the SANE program, “the average time from check-in to discharge was 4 hours and 16 minutes. After SANE, the average time from dispatch to discharge was 3 hours and 26 minutes”. Thus, on average, the time spent at SANE was 49 minutes less compared to the ED, and the victims received a greater variety of referrals during the contact period.

In the current study, eighty-five percent of law enforcement surveyed believed that victim comments made to SANEs during their sexual assault examinations are useful in identifying and apprehending suspects. Further, fifty-eight percent of the law enforcement officers reported that victims examined by SANEs were more likely to be cooperative with them throughout the apprehension and conviction of the suspected offender. Similarly, Crandall and Helitzer (2003, p. 6) reported that a greater proportion of victims examined by SANEs reported to police (46% before SANEs vs. 67% after). Law enforcement officers in the Crandall and Helitzer study (2003) also reported that because the SANE environment tended to be calmer and less hectic, they were able to interview victims who were less stressed and more willing to cooperate with them. Trust relations were established, interviews were more coherent and consistent, and there was an increase in successful prosecutions.

Crandall and Helitzer (2003) also reported that more cases were cleared by arrests. Ledray (1992), and Nugent-Borakove et al. (2003) had similar findings. Nugent-Borakove et al.
found that 208 of the 530 cases examined resulted in an arrest of a suspect. In an additional 71 cases, a suspect was identified and issued a summons to appear in court or was indicted and not arrested. The authors concluded that there is an apparent relationship between SANE or SANE/SART intervention and the likelihood of the arrest of a suspect, although other factors were greater predictors of arrest. These included victim/offender relationship, previous arrest of suspect, and the level of victim participation in the process. These and other findings reveal the importance of SANE/SART intervention in the victim’s decision to cooperate with law enforcement, which leads to the greater likelihood of identification, apprehension, and prosecution of sexual assault suspects.

Evidence Collection Process

Regarding the participation of SANEs at the evidence-collecting stages of sexual assault investigations, those responding to the survey indicated very strong support for their assistance. It is noteworthy to mention that registered nurses hold not only at least a bachelor’s degree with heavy scientific emphasis, pass a rigorous licensing examination, and also participate in continuing education programs after licensure. Survey results, particularly the response to question 5 (See Table 2), reflect that the reports written by SANEs generally meet high professional levels of performance and instill confidence in the relationship between law enforcement officials and SANEs. Cogent, well-written investigative reports are critical to successful criminal investigation. Responses to this portion of the survey instrument indicate lack of support by an insignificant 1% of the respondents.

<table>
<thead>
<tr>
<th>Evidence / Legal</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Sexual assault documentation records written by SANEs are more complete, and better documented, compared to those written by other medical personnel.</td>
<td>49%</td>
<td>33%</td>
<td>9%</td>
<td>1%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>6. Police officers/investigators can rely on forensic evidence and information collected by SANEs.</td>
<td>67%</td>
<td>29%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>7. SANEs are more likely to maintain proper chain of evidence than other healthcare personnel.</td>
<td>59%</td>
<td>30%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Table 2.
Law Enforcement Perceptions of Evidentiary/Legal Concerns (continued)

<table>
<thead>
<tr>
<th>Evidence /Legal</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. When investigat-ing a sexual assault case, the evidence collected by SANEs is superior to evidence collected by other medical personnel</td>
<td>54%</td>
<td>31%</td>
<td>9%</td>
<td>1%</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Performance of an essentially medical task, the collection of tangible, physical forensic evidence by SANEs (question 5) was assessed even more positively than the documentation records written by SANEs. This issue goes to the core issue of the SANE concept with 96% of the responses indicating agreement or strong agreement regarding reliability of evidence collection by SANEs. Once collected, appreciation of the maintenance of rigorous standards regarding the maintenance of the chain of evidence (essentially a prosecutorial burden to be able to establish the location and appropriate preservation of any article of evidence from the time it is taken into custody until the final disposition of a case) received a degree of support that, once again, demonstrates the confidence which criminal investigators display in their relationship with SANEs. The responses indicated no dissatisfaction with maintenance of the chain of custody by SANEs.

Our review of literature indicted anecdotal dissatisfaction with physicians’ performance of the tasks now performed in many jurisdictions by SANEs. In fact, it is one of the reasons for the evolution of the SANEs program and protocols (Lenehan, 1991). The authors are sensitive to the demands placed upon emergency medical personnel and the research results should not be interpreted to disparage performance by them. It is, however, a logical deduction that SANEs, who volunteer for specialized sexual assault examination training, bring a high level of personal commitment to the performance of this important function. Regardless of interpretation of the survey results, 85% of the respondents reported overall superior evidence collection and preservation/maintenance by SANEs as compared to “other medical personnel”. An additional 14% were either neutral or expressed no opinion regarding the query in question 8. Overall the data collected reflects strong law enforcement support for the contributions of SANEs in this significant area of criminal investigation and prosecution.

Interagency Cooperation

There are numerous examples in the literature of the criminal justice system being referred to as a non-system. These comments arise in part because there are frequently separate organizations responsible for different parts of the system process. For a successful prosecution to occur, the investigative resources of a law enforcement department must blend with the evidentiary needs of the local prosecutor. This requires two independent agencies to coordinate their efforts, even if there is no actual chain of command or clear organizational connection.
Over thirty years ago Cole (1970) described this coordination process as an “exchange system” in which they each assist the needs of the other in an effort to get their own needs resolved. This need for organizational cooperation and the resulting exchange systems does not always function smoothly. This is especially true when the agencies or parties that need to cooperate are not traditional partners like law enforcement and prosecutors. Sometimes the agencies may even have divergent primary goals.

This is easily observed in cases like arson investigation. The primary goal of the fire department is to extinguish the fire as quickly as possible and with as little risk as possible. The primary goal of the law enforcement agency in an arson case is evidence preservation and successful prosecution. There is some obvious conflict between the primary goals. The fire department has some interest in stopping arson but preservation of crime scenes is secondary to their other mission. In a situation like this, there is little that a law enforcement agency can do for a fire department to encourage their cooperation in protecting the crime scene. One of the results of these conflicts over the years is that in some jurisdictions arson investigation is the responsibility of the law enforcement agencies and in some it is the responsibility of the fire departments and in some there are joint “task force” groups including all the parties necessary for successful arson investigation (Galvin and Toscano, 1991).

In the arena of sexual assaults, SARTS are the equivalent of these arson task forces. They represent an attempt to coordinate the needs and interests of all the parties (victim, victim services, SANEs, law enforcement, prosecutors, and medical services). This relationship, somewhat like the arson issue, is complicated by the fact that the SANE and the law enforcement investigator work for different groups with different primary goals. SANEs are normally employed by hospitals or other medical service delivery components. Their agencies’ primary goal is the delivery of medical services and their SANE duties are secondary to their other medical responsibilities. Even in major metropolitan jurisdictions a SANE will spend the bulk of her time in the delivery of traditional medical services. The question is then, when there is a need for responsiveness to an outside group (i.e., law enforcement), are SANEs more responsive than medical personnel that have not had the specific training? When asked, 73% of the law enforcement departments responded that SANE’s were more timely in providing sexual assault records than traditional medical personnel (See Table 3). There was also a strong consensus that SANEs were easily accessible (82%), and that overall SANEs increased the likelihood of successful prosecution (93%).
**Table 3.**

**Law Enforcement Perceptions of SANE/Agency Cooperation**

<table>
<thead>
<tr>
<th>Agency Cooperation</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
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<tbody>
<tr>
<td>9. The use of SANEs helps the police department obtain sexual assault records in a more timely fashion as opposed to those reports generated by other medical personnel.</td>
<td>39%</td>
<td>34%</td>
<td>11%</td>
<td>8%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>10. SANEs are accessible after the exam and are willing to explain and interpret their findings to investigating law enforcement officers.</td>
<td>42%</td>
<td>40%</td>
<td>9%</td>
<td>3%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>11. Overall, the use of SANEs increases the likelihood that law enforcement will be able to create a successful case for prosecution against a suspected sexual offender.</td>
<td>61%</td>
<td>32%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Respondents Familiarity/Knowledge**

<table>
<thead>
<tr>
<th>Respondents Familiarity/Knowledge</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. I am familiar with the Sexual Assault Nurse Examiner (SANE) concept.</td>
<td>59%</td>
<td>35%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Conclusions**

The data from this survey indicates that the law enforcement community is strongly supportive of the use of SANEs in the sexual assault investigation process. When given the opportunity in an open-ended question to suggest improvements in the SANE program, the most common suggestion from the law enforcement community was to increase the number of SANEs available. Other common suggestions were for joint training with law enforcement and for increased logistical support for the existing SANEs.
The emergence of SANEs and SARTs has been a truly grass roots movement within the criminal justice system during the last three decades. It was clearly propelled by the feminist movement and philosophy. The fact that law enforcement has embraced a program which evolved out of such roots is truly significant. The research described herein is based upon survey instruments disseminated to law enforcement officials within the state of Texas, home to one of the pioneering SANE programs in Amarillo. Overall support for, and confidence in, the partnerships between the medical/evidentiary function and criminal justice function of SANEs is clearly reflected in the research results. This conclusion corroborates previous studies of SANE/SARTs in other jurisdictions such as Rhode Island. Our research model did not solicit responses from the victims and survivors of sexual assault. That decision was reached after assessing issues of privacy and revictimization and solicitation of the advice of victims’ advocates and SANEs. It should also be noted that some contemporary writers believe little progress has been made in the investigation of sexual assault cases. This is a minority perspective not shared by the respondents to this study’s questionnaires.

The data collected in this study reveals excellent support for and confidence in the contribution to effective criminal investigation by SANEs. Law enforcement officials believe that SANEs perform the medical forensic physical evidence collection in an efficient and professional manner. They also demonstrate confidence in the written reports, chain of custody responsibilities, and later case development cooperation when SANEs are part of the investigative team. They also found that victim statements made to SANEs were another valuable aspect of their functions. Indeed, there is an evident belief that SANEs create a superior setting for eliciting valuable detail than a conventional law enforcement interview. Also noteworthy is that a majority of the law enforcement representatives responding indicate that victims interviewed by SANEs were more forthcoming and cooperative with law enforcement officials at subsequent stages of the criminal proceeding than those not the beneficiaries of a medical examination performed by a SANE. Despite the fact that medical treatment is the primary consideration for injured victims of sexual assault, there is no evidence that this reduces the effectiveness of SANE performance of evidence collection and preservation. It appears both functions benefit from SANEs with their specialized training in the physical, mental, and emotional trauma experienced by victims. Undoubtedly there is some variation in the organizational aspects of SARTs statewide. This study cannot, however, be used to shed light on such variations because of the anonymity in data collection. Our findings indicate that the SANE/SART team approach, which emerged initially as an unfunded pragmatic response to a recognized area of deficiency in criminal justice policy, has become widely utilized and accepted as an integral component of the investigative machinery in Texas.
REFERENCES


APPENDIX

Dear Sexual Assault Investigator…

The Office of the Attorney General Victims Services Division has contracted with South- west Texas State University to conduct an evaluation of the Sexual Assault Nurse Examiners (SANE) program. To effectively conduct the evaluation we are seeking input from groups that are involved in delivering services to or working with sexual assault victims. Any information that you provide will be kept in the strictest confidence. The survey is designed to be anonymous and we request that you do not put any identifying information on the survey. With the survey we are including a postcard that has your institution’s name on it and is addressed to SWT. When you complete the survey, please return it in the self addressed stamped envelope that is provided. At the same time please separately mail the postcard that has your institution as the return addressee. This will allow us to know who has responded but will allow the survey data to remain anonymous. If you do not believe that you have the knowledge necessary to respond to this survey please transmit it to the person in your agency that is most qualified.

This survey is an important part of providing better services to sexual assault victims in the state of Texas and your opinions are highly valued. We would like to thank you in advance for taking the time to complete this survey and working to make Texas a better place to live. If you would like to receive a copy of the survey results please send a written request to: The Office of the Attorney General Sexual Assault Prevention & Crisis Services P.O. Box 12548 MC011-1 Austin, Texas 78711.

If you have any questions about this survey please feel free to call, write or email me at anytime.

William E. Stone Ph.D.
Department of Criminal Justice
Southwest Texas State University
601 University Drive
San Marcos, TX 78666
Phone: 512-245-3343
Email: ws03@swt.edu
Texas Sexual Assault Nurse Examiner (SANE)  
Program Evaluation  
Law Enforcement Survey

Instructions:
For the following questions, please mark one answer.

Q1. What type of community does your police department or sheriff’s office serve? 
   _____ Primarily urban area  
   _____ Primarily suburban area  
   _____ Primarily rural area

Q2. My police department refers sexual assault survivors for Sexual Assault Nurse Examiner (SANE) examinations.
   ___ Yes: please continue with the survey.  
   ___ No: My agency does not have access to SANEs. (please skip to question 22 on page 6)  
   ___ No: We have access to SANE’s but chose not to use them. (please skip to question number 22, on page 6.)

Q3. The Office of the Attorney General requires communities that request SANE training to demonstrate collaboration among agencies interacting with sexual assault survivors. How is this requirement being met in your community? (Please write unknown if the answer is unknown.)

Instructions:
Please rate your degree of satisfaction with the following questions/statements about SANEs. Circle only one answer.

Q4. I am familiar with the Sexual Assault Nurse Examiner (SANE) concept.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
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</table>

Q5. When investigating a sexual assault case, the evidence collected by SANEs is superior to evidence collected by other medical personnel.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
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</tbody>
</table>
Q6. Victim comments made to SANE nurses during a sexual assault examination are useful in identifying and apprehending suspects in sexual assault cases.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion

Q7. Police officers/investigators can rely on forensic evidence and information collected by SANEs.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion

Q8. Photographs taken by colposcope of injury included in SANE reports are useful in charging sexual offenders.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion

Q9. Other photographic evidence and documentation collected by SANE’s is useful in charging sexual offenders.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion

Q10. Overall, the use of SANE increases the likelihood that law enforcement will be able to create a successful case for prosecution against a suspected sexual offender.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion

Q11. Sexual assault documentation records written by SANE are more complete, and better documented, compared to those written by other medical personnel.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion

Q12. SANE are more likely to maintain proper chain of evidence than other healthcare personnel.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  No  Opinion
Q13. The use of SANEs helps the police department obtain sexual assault records in a more timely fashion as opposed to those reports generated by other medical personnel.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
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</table>

Q14. The use of SANEs has reduced the hospital wait time for sexual assault victims.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
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</tbody>
</table>

Q15. SANEs are accessible after the exam and are willing to explain and interpret their findings to investigating law enforcement officers.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
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</table>

Q16. Investigators often find additional or different information in a SANEs records not previously disclosed or known to the officer.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
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</tbody>
</table>

Q17. Victims examined by SANEs are more likely to be cooperative with law enforcement throughout the apprehension and conviction of the suspected sexual assault perpetrator.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Q18. To what degree do you believe that SANEs are victims’ advocates?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
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</table>

Q19. Sexual assault victims are not as likely to give as much information about a sexual assault to a law enforcement officer as they might give to a SANE.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
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</table>
Instructions:

For the following questions, please mark one answer. Space is provided for explanation if necessary.

Q20. Drawing from your personal experience (or that of other officers), do you have knowledge of a mistake made by a SANE that has compromised the forensic evidence collected by the SANE?

_____Yes   _____No

Q21. What three suggestions can you offer for improving the Office of the Attorney General’s SANE program?

1.___________________________________________________________
2.___________________________________________________________
3.___________________________________________________________

Thank you for completing the survey, please return it in the self addressed stamped envelope that is provided. At the same time please separately mail the postcard that has your institution as the return addressee.

If you answered “no” to question 2, please proceed with the survey at this point.

Instructions:

Please rate your degree of satisfaction with the following question/statement about SANEs. Circle only one answer.

Q 22. I am familiar with the Sexual Assault Nurse Examiner (SANE) concept.

Strongly Disagree Neutral Agree Strongly Disagree Agree Opinion
Instructions:

For the following question, please mark all that apply. Space is provided for explanation if necessary.

Q23. What are the impediments to your department using SANEs?

- [ ] Internal Administration issues/conflicts
- [ ] Lack of community support
- [ ] Funding issues
- [ ] No need for SANE services
- [ ] There are no SANEs in my community
- [ ] Other/combination of the above: _____________________________

Thank you for completing the survey, please return it in the self addressed stamped envelope that is provided. At the same time please separately mail the postcard that has your institution as the return addressee.
BIOGRAPHICAL SKETCH

Dr. William E. Stone is a Professor of Criminal Justice at Texas State University-San Marcos. His current research interests include custodial suicide, sexual assaults in institutions, police use of deadly force and issues in international policing and corrections. Dr. Stone is currently serving as Chair of the Texas State University Faculty Senate and as Webmaster for the Southwest Association of Criminal Justice. He has over 30 years of criminal justice teaching experience and has been active in research and professional associations for many years. He holds a Ph.D. in Criminal Justice from Sam Houston State University.

Dr. John A. McLaren is an Associate Professor of Criminal Justice at Texas State University-San Marcos. His primary teaching interests are in Criminal Procedure and the law of Civil Rights, especially as it pertains to persons in custody of or under supervision of criminal justice agencies. He is an attorney licensed to practice in both state and federal court. He has taught a wide range of courses, graduate and undergraduate, and served three years (1998-2001) as Acting Chair of the Department of Criminal Justice. He holds degrees from Texas Tech University and the University of Texas School of Law. He has presented and published numerous works, including the Texas Intermediate Sanctions Bench Manual (2003) a manual for the judiciary concerning community corrections sanctioning options and resources throughout Texas. He has been with the university for over 25 years.

Dr. Verna J. Henson, Director of the Texas Success Initiative Program and a Texas State University faculty member since 1994, earned her B.S. degree from the University of Houston-Downtown, and her M.A. and Ph.D. in Sociology from the University of Missouri-Columbia. A tenured faculty member in the Department of Criminal Justice, Dr. Henson has published in the areas of “homelessness” and “campus crime.” She has also worked as a research associate on an Office of the Attorney General grant that evaluated the Sexual Assault Nurse Examiner Program in Texas, and has completed the administration of a Kellogg Foundation mentoring grant.