



March 16, 2017

Good morning. I am pleased to speak with you today on behalf of the Vermont Network Against Domestic and Sexual Violence and Vermont's Sexual Assault Nurse Examiner (SANE) program.

Sexual violence has significant impacts on families, communities and our state as a whole. We know that only a small number of people who experience sexual violence seek medical care or report the incident to law enforcement. Annually, rape costs the U.S. more than any other crime (\$127 billion) and overall health care costs are 16% higher for women that were sexually abused as children.¹

Since 2008, the Vermont Network (Vermont Network) Against Domestic and Sexual Violence has housed and managed Vermont's Sexual Assault Nurse Examiner (SANE) program. The SANE program trains, supports and certifies a cadre of highly trained nurses across the state who provide forensic medical care to victims of sexual assault, domestic violence and abuse, and collect evidence in accordance with a standardized evidence kit. There are currently 53 certified SANEs throughout the state of Vermont. Of those nurses, 14 have additional training qualifying them to serve child victims of sexual assault. The vast majority of our SANE nurses are hospital-based emergency room providers. Last year, the SANE Program provided 297 exams in 12 hospitals across the state. As part of the program oversight, the Vermont Network provides and tracks evidence kits and also staffs an interdisciplinary SANE Board. I would like to speak with you today about several key provisions of S. 95 that will strengthen our state's response to sexual violence victims.

The availability of specialized Sexual Assault Nurse Examiners varies drastically across the state. Larger hospitals are able to assure 24 hour on-call coverage of SANE trained nurses, while 4 Vermont hospitals have only one or no SANE-trained nurses (Gifford – 0, Mt. Ascutney - 0, Springfield - 1, Grace Cottage - 1). When no SANE is available to provide a specialized exam, patients often experience hours-long wait times, transfers to other hospitals, or exams performed by medical providers without specialized training. In these instances, it is not uncommon for recently traumatized sexual assault patients to experience extremely long wait times, during which they are unable to change, bathe or wash any part of their body, in an effort to preserve forensic evidence. When this occurs, the quality of the forensic evidence collected is impacted, which can lead to lasting impacts in the criminal legal system. Likewise, the patient's experience of care may be diminished, and some patients simply abandon their efforts to have evidence collected.

Despite these challenges there are simple, low or no cost solutions that providers can implement to ensure sexual assault patients receive a minimum standard of care. Small rural hospitals can regionalize SANE response. Just last year, Porter Hospital and Middlebury College Health Center entered into an

¹ http://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media-packet_statistics-about-sexual-violence_0.pdf



agreement to share SANE trained personnel. This MOU process regionalized care and doubled the pool of available SANEs able to provide care at no additional cost. Furthermore, many states have experienced improved patient outcomes when non-SANE emergency department personnel have a basic level of competency related to the care of sexual assault patients. Currently, when no SANE is available a nurse or physician may open a SANE kit, and collect evidence, using the instructions in the box as a guide. While the clinical care these providers offer may be excellent, the collection of evidence is not a clinical skill – it is a forensic one. We believe that regardless of where a sexual assault patient lives, they should be entitled to a basic level of forensic expertise.

S. 95 will also broaden the scope of the interdisciplinary SANE Board. In current statute, the Board's scope is regulatory. S. 95 codifies and strengthens the Board's role, and reflects current practice. In addition, the bill ensures that the board has robust representation from both public health and provider stakeholders.

Finally, the legislation before you today will serve to improve Vermont's practices for the preservation and tracking of SANE evidence. Vermont currently utilizes a rudimentary system for tracking sexual assault evidence kits. The system relies on multiple entities reporting on kit status. This often results in challenges with data quality and tracking. While the Vermont Forensic laboratory does not have a current backlog of untested sexual assault evidence kits, there are concerns about the preservation of evidence along the chain of custody. States across the country are examining effective systems for evidence kit tracking, and S. 95 establishes an interdisciplinary study committee to examine the cost and efficacy of an improved system of evidence tracking in Vermont.

The Vermont Network looks forward to working with the SANE Board and interdisciplinary partners to strengthen Vermont's response to sexual assault victims and we urge your support of S. 95, which will support these efforts.

Respectfully submitted,

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