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SANE PROGRAM EVALUATION HIGHLIGHTS

The Sexual Assault Nurse Examiner (SANE) program provides specialized services to victims/survivors of sexual assault, both women and men, and youth 13-15 years of age. In this program, specially trained registered nurses, called Sexual Assault Nurse Examiners (SANE's), provide immediate on-call emergency care at three Metro health care facilities, the Izaak Walton Killam Health Centre (IWK), the Queen Elizabeth II Health Sciences Centre (QEII) and the Dartmouth General Hospital (Dartmouth General). This includes a physical assessment and emotional support. SANE's also provide medical, legal and follow-up support options. One option is a forensic examination with a further option to freeze the evidence, giving the individual time to make decisions regarding legal action. SANE's provide a medical follow-up phone call and testify in court should the case proceed through the courts.

The SANE program is a three pilot project funded by the Nova Scotia Department of Health from November 2000 to November 2003. It is unique in Canada because of its community-based approach to management and coordination. The Avalon Sexual Assault Centre (Avalon Centre), a community-based organization with a 20 year history of working on sexual assault issues, coordinates and administers the SANE program, in collaboration with many dedicated and committed partners. The three Metro health care facilities are formal partners, as SANE's deliver the emergency care through their emergency rooms. An Advisory Committee, made up of partners from the health care system, criminal justice system, community organizations and universities, provide advice to the SANE Coordinator and Avalon Centre Board of Directors.

The evaluation was conducted in the third year of the pilot (November 2002 to June 2003). Evaluation participants included sexual assault survivors who have used the SANE program, SANE's, emergency room staff in participating hospitals, IWK Child Protection Team, Halifax Regional Police, RCMP, Crown Prosecutors, community organizations, SANE Advisory Committee, Avalon Centre, SANE staff, and participants in community education sessions.

The evaluation report begins with a brief review of the 20 year history of efforts to provide services to sexual assault victims in the Halifax Regional Municipality and provides an overview of SANE programs in Canada. The report then describes how the SANE program was implemented. Program outcomes are reported in seven outcome areas, and includes reflections of sexual assault victims/survivors who used the SANE services, the SANE's, and perspectives of other evaluation participants. Conclusions and Suggested Next Steps, provide a thorough summary of evaluation results and are intended to act as a guide in determining key objectives and resources requirements for the continuation of SANE program.

Five recommendations are put forward at the end of the report. They recommend the Nova Scotia Department of Health (DOH) recognize the SANE program as an essential service that is integral to the coordinated response to sexual assault, as well as its contribution to the health and well-being of sexual assault victims/survivors, to prevention and community health, and overall system efficiencies and effectiveness. It is recommended that the current community-based program model be maintained and that the Department of Health invest in this program with adequate, sustainable funding to ensure short term and long term outcomes are fully achieved. The following is a summary of the SANE program evaluation outcomes.

SEXUAL ASSAULT SURVIVORS

- ◆ There was a high degree of support by those who participated in the evaluation for the overall approach of a client/woman-centred model, where the victim/survivor is given options for treatment, as well as follow-up options.
- ◆ In 2 ½ years, 162 sexual assault victims/survivors have used SANE program services. The numbers increased steadily until the last reporting period, January to June 2003, when there was a slight drop in numbers.
 - When comparing by gender, of the total 162 cases, 149 or 92% were females and 13 or 8% were males.
 - When comparing by age groups, the largest number of cases, 76 or 47% of the total, were in the 17-25 age category. This was followed 42 cases or 26% of the total in the 13-16 year age category, and 24 cases or 15% of the total in the 26-46 year age category. Fewer than 10% of the cases were in the 41 to 65 age group.
- ◆ Wait times in the hospital emergency room for medical treatment have been reduced significantly, with the average wait time to be 44 minutes for the SANE's to arrive. This, coupled with the steady increase in numbers, indicates the victims/survivors are staying to receive medical attention rather than leaving in frustration or not coming in at all as was reported previously.
- ◆ Sexual assault survivors, using SANE program services, were satisfied with the immediacy of care, were aware they were given options and felt positive about being able to make informed decisions about their medical care and follow-up options. They were slightly less confident about legal options, possibly due to the SANE's being less clear in their explanation of options, less familiarity with or complexity of legal issues.
- ◆ Statistical evidence indicates they made choices related to medical and legal options. Fully 83 or 51% of 162 cases chose the legal option and involved the police, and where a forensic kit was completed, it was handed over immediately to the police. Fully, 107 or 66% of 162 cases chose to have the forensic kit completed, with 37 or 23% choosing to have the kits frozen, giving them the option of taking legal action at a later date.
- ◆ Eleven (11) cases or 7% have proceeded to court to date and just over half (6) have received convictions. This number may not reflect the total number of cases that reach court of the 162 current cases, as it takes time to carry out a police investigation and secure court dates.
- ◆ The sexual assault victims/survivors found SANE's to be very supportive and they reported feeling accepted, treated in a non-judgmental manner, and supported in their choices. For the most part, their emotional needs were met.
- ◆ There is continuity to short term follow-up. SANE's conduct a mandatory medical follow-up for those 16 years and older. Where those 16 years and over chose it as an option, short-term follow-up support was provided by the SANE follow-up support worker. Although the information about satisfaction with this follow-up is limited, where it is available, it was positive. The IWK Child Protection Team conducts follow-up for 13-15 year olds.
- ◆ For women, there is continuity to an option of longer-term support counselling at Avalon Centre and for lesbian, gay, bisexual youth at the Lesbian, Gay, Bisexual Youth Project. Two gaps in community services are the availability of longer term support counselling for men and for 13-15 year olds.

- ◆ The information about the extent to which the victims/survivors accessed longer follow-up support options is very limited but, where available, was positive.

COMMUNITY KNOWLEDGE AND AWARENESS

- ◆ Knowledge and awareness about the SANE program has not only increased among agencies, but the level of awareness is quite high. Increased promotion, more public education in schools and universities, and outreach to diverse communities have been suggested to ensure all victims/survivors know about and can access SANE services.
- ◆ Health, legal and community agency professionals strongly support the SANE program, stating it was effective, with over 80% satisfied with their participation in the program. Two agencies reserved comments on overall effectiveness, the RCMP based on the need to further clarify roles, policies and procedures with the SANE program, and Crown Prosecutors due to limited direct experience with still small numbers of court cases, however, both indicated the program was essential and much needed.

GOVERNANCE

- ◆ The community-based model, using a client/woman-centred approach, has been a very effective model that strongly supports the delivery of the SANE services. Overall the governance structure with Avalon Centre responsible for management and coordination, three formal partnering health care facilities, and the Advisory Committee was found to be effective, with a number of strengths identified. Some areas for improvement were:
 - the need for adequate resources over the long term for Avalon Centre to effectively coordinate the program and to ensure retention of SANE's;
 - the need to address possible deterrence for males who may think the service is for women only;
 - the need to address longer-term support options for males and youth (13-15 yrs);
 - to review the delivery of SANE services through the emergency room verses a community-based option through community clinics.
- ◆ A high percentage of those asked said they understood their role in relation to the SANE program and felt positive about changes in their role. For some, however, there is still some confusion about roles or feeling uncomfortable with the change in their role. Specific suggestions have been offered for continuing to improve role clarity.
- ◆ Partnerships are in various stages of development, with some well developed and others still forming. Agencies identified contributing factors to positive partnerships and positive outcomes, as well as challenges of bringing partners together from diverse perspectives.
- ◆ Policies and protocols are also in various stages of development. SANE program operational and service delivery policies are well established and are currently being updated. Policies and procedures with the health care facilities and the criminal justice system are, in some cases, well developed and working well, and in other cases need to be developed, with suggestions for moving this development forward.
- ◆ The SANE program has facilitated an improved coordinated response to sexual assault victims/survivors in Metro Halifax Regional Municipality at both the management level and the service delivery level. This is attributed to efforts of the partners, having key stakeholders around the table with authority to make decisions, and coordination by Avalon Centre as an independent, community-based organization.

QUALITY OF PRACTICE – QUALITY OF CARE & PROFICIENCY

- ◆ Quality of care was demonstrated by the sexual assault victims/survivors assessment of care provided through the SANE program (see previous, “Sexual Assault Survivors”).
- ◆ Forensic evidence has been consistent and high quality.
- ◆ Although numbers are still small with court testimony, evidence suggests SANE’s have been well prepared and their testimony has assisted in advancing cases in court.
- ◆ SANE’s reported increased knowledge and skills as a result of certification training and ongoing professional development. Some areas require refresher courses to increase confidence levels and strengthen skills, specifically collection of forensic evidence and providing testimony in court. Ongoing professional development is essential.
- ◆ Both the SANE’s and the SANE follow-up worker identified some challenges related to short term follow-up procedures and offered suggestions to improve these procedures.

RECOGNITION AND RETENTION OF NURSES

- ◆ The retention of SANE’s over the two and half years has been good, with a small turnover. No nurses have left due to dissatisfaction.
- ◆ Various strategies to provide support and enable teambuilding have resulted in the SANE’s feeling supported by both the Coordinator and Avalon Centre, feeling valued by the victims/survivors, and feeling part of a team. Their diverse skills, knowledge, and experience were seen as a strength that should be utilized more. There should be more opportunities for debriefing, considering individual SANE needs and preferences.
- ◆ The program provides excellent written materials, training, medical supplies and equipment as well as access to the Avalon Centre office equipment and supplies. SANE’s, however, reported lack of sufficient time and stresses associated with the on-call staffing model, where SANE’s have full-time positions elsewhere with demanding commitments. Reimbursement is not adequate for time actually spent on each call, nor is the hourly wage equivalent to the average RN wages.

SYSTEMS EFFICIENCY

- ◆ The timely response and SANE’s professional knowledge and skills have increased efficiencies for services to victims/survivors and for the police and emergency departments.
- ◆ Overall system resources are being used more effectively and efficiently due to the SANE program. Emergency room nurses and doctors can focus on emergency room acuities, police investigations are more effective and efficient, the quality forensic evidence is more likely to advance the case in court, witnesses are likely to be more credible, and the quality forensic evidence is more likely to advance the Crown’s case in court. There is a more coordinated response, of which one component is more effectiveness and efficiency at the management and administration levels of all agencies involved.
- ◆ All evaluation participants were in agreement that the program should continue. Indeed, many suggested that it should be implemented throughout Nova Scotia.

SECTION 4: SANE PROGRAM OUTCOMES

This section presents the quantitative information gathered throughout the pilot and qualitative evidence gathered through questionnaires, focus groups and interviews conducted by the SANE program evaluator between November and May 2003. While Section 3 offered a description of what happened in the development of the SANE program, this section offers a *reflection* on what happened by the various stakeholders.¹

To report on the SANE program outcomes, this section uses the seven outcome or success areas in SANE Program Outcomes Evaluation Framework (Appendix 9) as follows:

1. Sexual Assault Survivors
2. Community Knowledge and Awareness
3. Governance
4. Quality of Nursing Practice – Quality of Care
5. Quality of Nursing Practice – Proficiency
6. Recognition and Retention of Nurses
7. Systems Efficiency

Within each of the above seven outcome areas, the specific outcomes and related indicators are used to report the results. For example, in the first outcome area, “Sexual Assault Survivors”, one desired specific outcome is “immediacy of care” and, for that specific outcome, an indicator such as: “the # of hours the victim/survivor spends in the emergency room”, is reported. The indicators are identified by a check-mark (✓) throughout this section (Section 4).

3. GOVERNANCE

✓ Avalon Centre’s Role in Management and Administration

The final indicator of level of satisfaction with the governance model is effectiveness of management of the SANE program by Avalon Centre. To assess this, Advisory Committee members, Avalon Centre and SANE’s were asked through questionnaires and key stakeholders through interviews the extent to which management and administration by Avalon Centre was effective and to identify strengths and weaknesses.

Table 11 shows the response by the Advisory Committee, SANE’s and Avalon Centre. While five (5) respondents indicated there weren’t able to respond because they were new to the position or didn’t feel they had enough contact with the administrative activities, 25 of 33 or 76% rated at the top end of the scale indicating they felt the management was effective to very effective. Two respondents rated toward the low end of the scale indicating management and administration was ineffective. Similarly, in the stakeholder interviews, some felt they could not comment because they were not close enough to the day-to-day management, however, of

¹ For this evaluation the ‘stakeholders’ are: the sexual assault victims/survivors who used SANE services; the SANE’s, SANE staff (Coordinator and follow-up worker), ER staff (nurses, physicians, social workers), ER managers and educators, IWK Child Protection Team, police (Halifax Regional Police, RCMP), Crown Prosecutors, Advisory Committee members and Avalon Centre.

those who did comment (6), some felt it was very effective, while others offered both advantages and disadvantages.

Table 11: Effectiveness of Coordination by Avalon Centre Indicated through Questionnaires

	Total Responses	Ratings						
		Don't know	1 not at all effective	2	3	4	5	6 Very effective
Advisory Committee SANE's, Avalon Centre	33	5		2		10	9	6

The strengths, weaknesses/issues and overall comments were reviewed and summarized.² It is clear that there are important advantages to Avalon Centre managing the program as follows:

- ♦ *Well-known & Community-based.* Avalon Centre is a well-known community-based organization that adds credibility and trust to the program. It has kept the program from being institutional in its philosophy and facilitated the client-based approach, rather than medical model.
- ♦ *Overall Approach:* The SANE program approach is a fit with Avalon Centre's approach which is inclusive, flexible, woman-centred, client-based.
- ♦ *Expertise in Sexual Assault.* Avalon Centre's knowledge, understanding and experience in dealing with sexual assault issues, counselling and provision of follow-up care for women ensures a continuous service for women.
- ♦ *Professional Management.* Professional management of the Avalon Centre and the SANE program by truly committed, caring and effective professionals. The program is well organized and structured, with excellent communication skills of SANE Coordinator, who provides excellent support to SANE's evident in the job satisfaction of SANE's
- ♦ *Enables Collaboration/Coordination.* Obtains feedback from community partners, enables good coordination between various aspects of intervention from the medical, to immediate follow-up support, leading through to Avalon Centre's counselling programs
- ♦ *Commitment to Social Change and Ensuring Accountability.* Avalon Centre is dedicated to addressing the issue of violence against women as a gender issue, to social action to address policies that affect women, and provides a critical, feminist analysis that might not be done elsewhere.
- ♦ *Location.* Situated in Avalon Centre's office space enables consistent contact with the centre, ensuring consistency and continuity with respect to follow-up, enables SANE

² Some internal administrative issues such as scheduling, etc have not been listed, but have been forwarded to the SANE Coordinator and Avalon Director as these issues were related to day to day administration rather than overall governance questions. Similarly, some start-up issues and other problems, such as the environmental problems facing Avalon Centre in their office location last summer have not been included for the same reasons.

Coordinator and Avalon Centre staff to have knowledge of each other's roles and a good, cooperative working atmosphere.

- ◆ *Support by Avalon Centre Board of Directors.* SANE program receives support of the Board of Directors and management.

Everyone is in agreement that the program should be administered by a community-based organization and that Avalon Centre's overall client-centred approach has been an excellent and effective model that strongly supports the delivery of the SANE program as noted by the ER managers and educators.

The model works best when not involved by hospital. (We) like the community model. We already proved we can't do it. There are too many competing things for our resources and there are contractual issues with working overtime with unionized employees would be a nightmare. If the hospital manages it, it becomes a competing resource. It will get watered down. The critically most important thing about the program is that the hospital acute care system doesn't own it, that it is community-based and client-focused, and that the program comes to the client, is focused on the client and the acute care provides only one aspect of the service but is not the owner of the service.

Avalon Centre's history of work on sexual assault issues, over a 20 year period, in the Halifax Regional Municipality brings credibility, knowledge and expertise to the management role and, more importantly trust in the service. This perspective was provided by a senior police officer.

Avalon Centre managing and administering the program works very well. I think this is because Avalon Centre is focused on sexual assault – it is what they do. If this program was being administered in a larger facility that didn't have this expertise I fear it would lose something, perhaps lose focus. It may fall into the same trap that many programs within larger institutions do. Avalon Centre staff and volunteers are the experts in the field of sexual trauma. This doesn't exist anywhere else in the province. They are a one stop shop – that is where I go because they have both the knowledge and the experience.

The professional management of the program by the SANE Coordinator and the Avalon Centre Director is clearly a strength of the SANE program, with many also mentioning their dedication and commitment to addressing sexual assault. In addition Avalon Centre's mandate to advocate for improved policies and programs and its ability to provide a critical analysis was seen to be a strength. Two members of the Advisory Committee commented.

It should be community-based because there are too many restrictions in an institutionally-based program. The advocacy role would be reduced.

I view the management of Avalon and SANE as true, caring and effective professionals.

Two main issues related to Avalon Centre's role in management and administration, were:

- ◆ *Populations Served.* Avalon Centre is well-known for its work with women 16 years and over, while the SANE program serves women and men, as well as youth 13-15

years. Three concerns were raised with respect to the different populations served by Avalon Centre and the SANE program, deterrence for males, lack of continuity to long term follow-up for males, and lack of long term follow-up supports for youth 13-15 years of age.

- ♦ *Impact of Limited Resources on Avalon Centre and the SANE program.*

Related to populations served, the first concern is that the SANE program being linked to Avalon Centre may deter men from reporting or may deter some agencies from referring to the SANE program, because they would interpret the link with Avalon Centre as meaning the program is for women only. A few respondents also referred to the perception by some in the general population of “male-bashing” in connection with Avalon Centre, which may have implications for men coming forward. The second concern is that, with the SANE program being linked to Avalon Centre, women have the option of access to long term support services through Avalon Centre, while men do not.³ This is further complicated by the fact that there are no long term support services for men in the Metro Halifax Regional Municipality, so there are very few places to refer men. The SANE’s and SANE follow-up staff experienced some difficulties because they weren’t able to offer options for longer-term follow-up option for males and, were often left feeling like they were leaving the men to fall through the gaps in the system. Similarly, for third concern related to populations served, there are no long term follow-up services in the community for the 13-15 year olds. This is another community gap in services that requires attention.

Establishing a longer-term support service for men, offered through another agency, would resolve the lack of a program and continuity issues as there would be a clear referral option for men. This would also address the deterrence issue if this option were clearly promoted as part of the SANE program. At the time of writing this report, a program providing long term support services for men is being considered by an agency in the Halifax Regional Municipality. In addition to this possibility, Avalon Centre may wish to consider how the SANE program is structurally integrated. For example, one option would be for the SANE program to be an “outreach” program, that provides emergency support services and short term follow-up services to a slightly different population than “in-house” counselling services. This would enable a clearer distinction between the populations served by the SANE program and the counselling services at Avalon Centre.

The impact of limited resources on SANE program and on Avalon Centre as the sponsoring agency has implications for the future of the SANE program and for the role of Avalon Centre as sponsoring agency. With respect to the SANE program, there is a need for more resources for public education and promotion especially through schools, universities, and outreach to diverse communities to ensure the SANE program is accessible to a wide range of groups and communities. Resources are also required to assist with SANE follow-up, SANE administrative

³ With respect to this issue it may be important to offer some clarification. The SANE program, through Avalon, does provide short term follow-up to both women and men. The SANE program follow-up staff worker currently refers men to private counsellors in the Metro area who have agreed to accept referrals and the IWK Child Protection Team does the short term follow-up support, not the SANE program for 13-15 year olds. Therefore, the SANE program is fulfilling its mandate with respect to short term follow-up and referrals.

tasks and a more effective financial accounting and bookkeeping system. The pay scale for SANE's is not on par with nurses working in hospitals. This raises concerns about retention of nurses and the potential of losing the capacity that has been built up over the last three years to deliver services effectively and consistently. This evaluation has documented that well-trained, professional and experienced nurses are essential to providing effective services. The ripple effect of costs to recruit and train new SANE's, in addition to the costs of losing well trained, experienced SANE's must be considered when reviewing and considering pay scales.

With respect to resources for Avalon Centre, as the sponsoring agency, the Centre can identify clear benefits to sponsoring the SANE program, the two most important being that women receive quality services through a women's-centred flexible approach and that relationships and partnerships are strengthened, enabling everyone to deal more effectively with problems and issues. However, the program has been under-resourced in some areas, which has meant that Avalon Centre has contributed staff resources for training, bookkeeping, brochure development and administration through in-kind contribution. While there was willingness to contribute on an in-kind basis to support the start-up and development of the SANE program, Avalon Centre does have concerns about the long term impacts of this level of contribution on staff, volunteers and the agency overall if adequate, sustainable resources are not provided in the future to deliver the program effectively.

Both resource issues are addressed again in this report related to overall system efficiency, and must be considered with respect to future program effectiveness and efficiencies.

7. SYSTEMS EFFICIENCY

This section examines systems efficiency related to the SANE program itself and how the SANE program affects overall system efficiency related to sexual assault in the context of four factors:

- ♦ Timely
- ♦ Knowledge and awareness of sexual assault
- ♦ Space
- ♦ Use of resources

Timely

The SANE program is efficient in the delivery of emergency response services. As reported earlier, the response time for the SANE's to each case, when called by the emergency department, is timely and the number of hours per victim per case is under four hours, which is significantly reduced from what had been documented, anecdotally, by police and ER staff.⁴

This section also explores if the other systems are also more efficient as a result of the SANE program, using the following indicator:

- ✓ ER staff, police, IWK Child Protection team, and Avalon Centre indicate the SANE program enables their time related to sexual assault to be used efficiently.

Table 19, Agency Time Use Change Due to the SANE Program, shows the response by those completing the questionnaires (ER staff, IWK, Avalon Centre) and those participating in focus groups (police, Crown Prosecutors, ER managers and educators). When reviewing the responses, the comments provided were particularly important, because different reasons were provided for each agency, therefore, each agency's perspective is provided. Some offered reasons for indicating "don't know" or "can't answer" because they weren't working in that position before the SANE program, so they were not able to offer an opinion.

The ER staff overwhelmingly agreed that they are spending less time on individual sexual assault cases. Their comments were that it is "great not to tie down nurse and physician", "much more time efficient"; "1/10 of time" "requires minimal input from nurses"; "spend less time looking for the physician to come in. to do the kit"; "streamlined". The ER managers and educators agreed there is a significant change in time.

This is very positive. The victim needs someone with them. There is no way we can provide that in emerg. – sometime to stay with them and provide care in a timely manner. Historically it tied up a physician for 2-2.5 hours and the physician cannot leave that room for continuity of evidence and a nurse also. Nurse was needed to guide the physician through the process. The physician rarely had time to do it, but did because they had to. They often needed to look after other things first. Often, (we) had to call in physicians. (The SANE program) has cut this out completely.

⁴ See Section 1: Context (Curtis, 1993); Section 3, SANE Program Outcomes, Sexual Assault Survivors, Immediacy of Care; Also, Section 3: Quality of Nursing Practice – Proficiency, Adequacy of Training.

The IWK Child Protection Team indicated that their time is about the same or less. One doctor indicated the time was about the same, while another indicated it was less time. At the IWK, the role is a collaboration between the doctor and the SANE, because the physician is required to complete the child protection assessment which includes the history and interpretation of findings, therefore documentation of the history, the general physical, and genital exam (which must be done by the attending physician), therefore, the physician at the IWK still plays a significant role in the exam. The Avalon Centre response was mixed with some indicating their time was about the same, while others indicated it was less time. After Hours Crisis Workers indicated less time because they are not required to attend to the hospital as often as previously.⁵

Table 19: Agency Time Use Change Due to the SANE Program

Question: How has the SANE program affected the amount of time you spend on each individual sexual assault case? Are your spending: More time? About the same? Less time?					
	# of Responses	Ratings			
		Don't Know/ Not Applicable	More Time	About The Same	Less Time
ER Staff	25	1		1	23
ER Managers and Educators	5				5
IWK Child Protection Team	6	1		2	3
Avalon Centre	10	3	1*	4	2
Halifax Regional Police	6				6
RCMP	8				8
Crown Prosecutors	4		4		
Totals	64	5	5	7	47

*This individual noted that "more time" was related to taking on another position within the SANE program; which is a change in position, rather than a workload change in a current position.

Both the RCMP and the Halifax Regional Police indicated their time at the hospital was significantly reduced. The RCMP said it significantly reduced wait time in the ER. The Halifax Regional Police stated they don't wait anymore at the hospital, except on some occasions where it is important to the case, therefore saving the wait time at the hospital. They also noted it might save time at the scene, because of being able to get information from hospital regarding what to look for at the crime scene. The Halifax Regional Police noted that they are saving 4.5 hours per case on average at the front end (at the hospital). Both police forces, therefore, have more time to spend on other police work.

The Crown Prosecutors said they likely would spend more time on a case because the SANE program is in place. They felt, however, that their role was not a question of efficiency.

⁵ See also, SANE Program Outcomes, Governance, Satisfaction with the Governance Model

It affected my preparation time. It took me longer to prepare but this is not a negative thing. I find that these files require a significant portion of time. So, it is not a question of efficiency because it is not redundant.

Awareness and Knowledge of Sexual Assault

This evaluation has shown that, it is not only awareness and knowledge of sexual assault that is critical to an efficient response, but also the skills and knowledge to provide the entire service that the SANE program provides. It was mentioned often through questionnaires, focus groups and interviews that, prior to the SANE program, most physicians didn't do the forensic kit often enough to remember what to do and many physicians and nurses didn't want to do it or weren't comfortable with it. This resulted in more time being spent, either trying to find a doctor who could do it, or with a nurse having to take time to guide the physician through the kit, as these comments suggest from two ER staff:

In our population (the IWK), it was not as frequent. We may have a nurse or doctor who hadn't seen one in a year, a new police officer and families would observe that no-one knew what they were doing.

It was terrible. Evidence would be messed up. It was not meeting victim's needs. Balancing that was never successful. Trying to get a female physician. It would take hours to get hold of anyone. The nurses were feeling very guilty because they can't expedite the care. People (victims/survivors) left and didn't go through the process. Many walked out. It wasn't streamlined. It wasn't coordinated. On the other end, the police were tied up, so there was a whole chain of frustration that went back to the victim/survivor not getting service.

Two factors identified as contributing to an improved coordinated response, and therefore to overall system efficiency, were "increased awareness of programs by all respondents, therefore, they welcome the expertise of the SANE's" and "victims/survivors are better informed as to where they can go for legal, medical and emotional support".

Space – Location for Delivery of SANE Emergency Response Services

The indicator for this outcome area is:

- ✓ Private space is used and accessed.

Each of the three health care facilities provides a private confidential room for the exam. On the surface it would seem that this indicator has been met. However, both the SANE's and ER staff in the QEII and Dartmouth General wondered if a busy emergency department was the best location to provide SANE emergency response services to adult victims/survivors. They noted that, initially, it was felt to be safer in the emergency department in case physician back-up was needed and medical attention could be accessed quickly.

Emergency departments are busy, noisy places, often overcrowded with trauma and acute cases, (the QEII is the trauma centre for Nova Scotia). The SANE program is only one of many specialists who may arrive in the department on any one evening. The emergency department staff stated there are distinct challenges related to the differences between an acute care setting and the community's vision of how the service is delivered and the importance of continuing to be aware of and to build understanding of these

challenges, to find ways to balance community needs and the emergency department needs, if the services continued to be delivered in this way.

Both the QEII and the Dartmouth General ER managers and educators and the SANE's, in separate focus groups, suggested a community-based model, possibly offered through community clinics and not offered through the emergency departments. The IWK needs the service to be provided through the emergency department with respect to physicians being required to do the child protection assessment. The SANE's suggested, if required to be in a hospital setting, perhaps a different location could be considered. To address the issue of physician back-up and access to labs, the following suggestion was made by the ER managers and educators:

It may be training of nurses. One could expand the nurse's role, like in Ontario, for nurses to do medical clearance for simple injuries (not trauma patient). The vision would be to expand training of nurses to include a medical clearance model; but would have to have access to emergency departments if needed.

Use of Resources

When examining use of resources, efficiency cannot be considered without effectiveness, as too many efficiencies or “over efficiency” can result in resources not being used effectively (for example, human resources being over-burdened or over-extended), ultimately resulting in the program not being delivered effectively. There needs to be a balance between efficiencies and overall effectiveness. In addition, long term and short term impacts of efficiencies on resources must be considered.

Related to use of resources within the SANE program, two examples related to program resource use have already been discussed in this report.⁶ The first is related to the resources for Avalon Centre to coordinate, manage and administer the SANE program during the pilot. The assessment of the strengths of Avalon Centre in managing this program, the effectiveness of services to sexual assault survivors, and an improved coordinated response would indicate, on the surface, that the program has been effective and, with the resources provided, also efficient. However, some “efficiencies” have been due to Avalon Centre providing in-kind resources such as training expertise, as well as skills and knowledge related to communications, management and administration. While, in the short term, this may have been necessary to establish the program, over the long term, this will have an impact on Avalon Centre's already limited resources, which will affect Avalon Centre's counselling programs, SANE services to sexual assault victims/survivors and the coordinated response. Therefore, sufficient, sustainable financial resources must be committed in order to have both efficient and effective use of human resources.

Similarly, the “on-call” model of professionally trained nurses could be said to be both an effective and efficient way to use resources. On the other hand, not paying them adequately or in line with other nurses doing the same work (considering regional differences), leads to lack of recognition, possible burn-out, and dissatisfaction, causing a ripple effect of nurses leaving, significant costs to recruit, train, and the time to gain the experience and build the partner

⁶ See Section 4: SANE Program Outcomes, Governance, Management, Satisfaction with the Governance Model.

relationships necessary to be effective in delivering services. In the long run, this may be neither efficient nor effective.

Next, this section explores how the SANE program has affected the use of resources in the overall system, using following indicator:

- ✓ ER staff, IWK Child Protection Team, police, SANE staff and Avalon Centre indicate the SANE program enables their work related to sexual assault to be more effective.

One way of assessing use of resources was to ask ER staff, the IWK Child Protection Team, Avalon Centre, police, and ER managers and educators, and key stakeholders (through the questionnaires, focus groups and interviews) if they considered their work to be more effective, less effective or about the same as a result of the SANE program. Table 20 shows the results of this assessment. Only 4 of 60 respondents or 7% viewed their work as less effective. Another 10 of 60 or 17% were not sure or didn't know, 10 of 60 or 17% said their work was about the same and 37 of 60 or 62% said their work was more effective. Of the four who indicated their work was less effective, the reasons provided by three were less involvement with the patient or not feeling they had a significant role to play.

When asked about effectiveness, the RCMP indicated it is not "clear cut", therefore, they are in the "not sure" column. Their comments relate to concerns regarding roles and procedures, and suggested the need to work on role clarity and policies and procedures with the SANE program.⁷ They indicated, however, that not having to wait in the triage system at the hospital has made their work more effective, as they can estimate how long the exam will take.

The ER staff and ER managers and educators generally saw their work related to sexual assault as being more effective with 22 of 30 or 73% indicating their work in the emergency department was more effective. Some comments relate back to efficiencies, such as not having to deal with the frustration and time it took previously to find a physician to do the exam, whereas now they call the SANE number. ER nurses indicated that they feel they are more effective now, because previously they weren't able to allocate the appropriate time, they didn't have the experience, nor were many comfortable with the procedure. One indicated that she/he worried about the evidence and the court case. A physician stated that it allows her/him to continue with her/his role in management of the department. Of those who indicated their effectiveness was about the same, two were physicians, one with the IWK where physicians play a collaborative role.

⁷ See also, SANE Program Outcomes, Governance, Satisfaction with Governance Model

Table 20: Level of Effectiveness of Work Related to Sexual Assault as a Result of the SANE Program

Question: As a result of the SANE program, would you consider your work related to sexual assault to be: more effective? About the same? Less effective?					
	# of Responses	Ratings			
		Don't Know/Not Sure	More Effective	About The Same	Less Effective
ER Staff	25	1	17	4	3
ER Managers and Educators	5		5		
IWK Child Protection Team	6		3	2	1
Avalon Centre	10	1	6	3	
Halifax Regional Police	6		6		
RCMP	8	8			
Totals	60	10	37	9	4

Of the three members of the IWK Child Protection Team, who indicated their work was more effective, two stated that knowing that the forensic evidence had been collected correctly by experts and the coordinated response to family and victims made their work more effective.

Avalon Centre's counsellors and crisis support workers indicated their work was either more effective or about the same. Those, who said their work was more effective, offered the following comments: a greater level of service delivery provided by Avalon Centre, knowing women receive competent care, timely, quality care; less re-victimization by the system, important in assisting women to begin healing and recovery from the trauma; and more likelihood women will be open to emotional support and follow-up counselling. Of the three who said their work stayed about the same, one stated that counselling needs regarding processing the trauma and secondary wounding (re-victimization by the system) related to the criminal justice system are still extensive.

The Halifax Regional police, who indicated their work was more effective, also offered these comments:

Before, things would get delayed. We have better information right away so we can put things on a search warrant in order to do a better crime scene examination. Sometimes it is nice to have medical information early on. The more information we can have about the crime, if we are holding a suspect, the more that will help us develop a better strategy for interviewing the suspect. It works better if we know as much as they do.

The Crown Prosecutors offered these comments related to efficiency and effectiveness:

(The SANE program) is absolutely required. We all had cases where the evidence wasn't there, therefore have reasonable doubt. If the evidence is gathered professionally, objectively, correctly, then it is factual. You disclose to defence council, and it could narrow the issue that is coming up for trial. Otherwise the Crown may be struggling to put together a case. This will help or hinder. We have to weigh it for prospect of conviction. It may make your case longer, but might shorten to a guilty plea. We would rather have the evidence than not – that is the bottom line.

A representative of a community agency that refers to the SANE program stated he was more effective in his work with clients because of being more informed of the programs and services offered and being able to make referrals to a program where clients receive quality services. Another community advocate stated that being involved with the SANE program has raised her awareness so that she knows what a woman has been through and it helps to guide her assessment with her clients with respect to empathizing and having compassion for what they do. Similarly, a police officer indicated that one outcome of involvement with the SANE program is that the police officers have more compassion for sexual assault victims.

The level of satisfaction with the coordinated response to sexual assault, discussed earlier in the report, may also be a clear indicator that respondents feel their work related to sexual assault, overall, is more effective. As part of the coordinated response, the coordination at the administration level was mentioned as being both effective and efficient by various managers. For example, one manager indicated that familiarization with other heads of agencies has made the work more effective and efficient. Others mentioned having one point person, the SANE Coordinator, to address issues, problems and to facilitate communication regarding management concerns was both effective and efficient. Managers in both the hospitals and the police departments indicated a significant reduction in complaints by victims/survivors, with the hospitals indicating there had been no complaints. One police department indicated there were fewer complaints from staff related to time issues at the hospital and frustration that the victim was deteriorating because they were not getting medical treatment. A decrease in complaints is an indicator of efficient and effective use of resources as managers are spending less time dealing with complaints from frustrated or angry victims/survivors and staff. It is also an indicator of overall program effectiveness.

THE FUTURE OF THE SANE PROGRAM

All evaluation participants were in agreement that the program should continue. In addition, many suggested that it should be implemented throughout Nova Scotia.

SECTION 5: CONCLUSIONS AND SUGGESTIONS FOR NEXT STEPS

OVERALL APPROACH

The 112 individuals involved in the evaluation, indicated a high degree of support for and understanding of the overall approach of a client-centred model where the victim/survivor is given options for treatment, as well as follow-up options.

When identifying strengths of the SANE program, ER staff, the IWK Child Protection Team, ER managers and educators, police, Avalon Centre, community agencies, and Advisory Committee members identified a number of strengths related to the overall approach. Collectively they said: the approach is sensitive, respectful, validating, non-judgmental and client/person/woman-centred with a commitment to the well-being of the victim/survivor. It offers confidential one-to-one support for the victim. It ensures consistency and continuity of care by professional, experienced nurses, who are empathetic and ensure the difficult traumatic process is handled compassionately.

SEXUAL ASSAULT SURVIVORS

The sexual assault survivors who completed the client satisfaction surveys and participated in interviews, while limited in numbers (12), were fairly consistent in their responses regarding their experiences with the SANE program. This was supported by the statistical data and anecdotal evidence from ER staff, managers of hospital emergency departments, police officers, managers of police departments, and community-based agencies where victims/survivors accessed follow-up services.

Based on the evidence gathered in this evaluation, sexual assault survivors, in receipt of SANE program services, were satisfied with the immediacy of care, were aware they were given options and felt positive about being able to make informed decisions about their medical care and follow-up options. There was less confidence about legal options, indicating either the SANE's were less clear in their explanation, or it was due to the complexity or less familiarity with legal issues. They found the SANE's to be very supportive, felt accepted, treated in a non-judgmental manner, and supported in their choices. For the most part, their emotional needs were met. Statistical evidence indicates that wait times have been significantly reduced for victims/survivors, and they did make choices about their care based on the number of forensic kits completed, the number of kits frozen, and the number of cases involving police, and the numbers choosing to have short term follow-up with the SANE follow-up worker. While information is limited, the evidence indicates that the short term follow-up support provided by the SANE doing a medical follow-up and follow-up support provided by the follow-up support worker, was helpful. Similarly, information about the extent to which the victims/survivors accessed longer follow-up support options is very limited, but where available was positive.

In addition, the managers of hospital emergency departments and one police department found the number of complaints from victims was significantly reduced, with the hospitals stating

there had been no complaints since the institution of the SANE program. This is another indicator that victims/survivors were satisfied with the services offered.

Questions were raised about the under-reporting of sexual assault in general and, in particular, the many cultural barriers to reporting for different groups and communities should be identified and addressed. For example there are still misconceptions of what is a sexual assault, what merits the attention of a professional, and assumption that sexual assault must be by a stranger in the bushes and the victim/survivor must be seriously hurt in order to be treated.

Suggested Areas for Next Steps

- ◆ Outreach to diverse communities such as the African Nova Scotian and Mi'kmaq communities, as well as the lesbian, gay, and bi-sexual communities and prostitutes.
- ◆ Based on the input from the victims/survivors and the SANE's themselves, further professional development is required related to a range of legal issues.

COMMUNITY KNOWLEDGE, AWARENESS & SUPPORT OF THE SANE PROGRAM

The SANE program has increased knowledge and awareness about the services provided and about sexual assault among agencies referring clients and among community partners. The various methods used were print and electronic media strategies, brochures, community education and information sessions, ongoing informal education by contact with the program or the SANE's carrying out their role and involvement on the SANE Advisory Committee. With the exception of the media strategies, the other methods of raising awareness were validated when evaluation participants were asked what helped to clarify their role in the SANE program. Individuals mentioned one or more of the methods above, verifying the success of using multiple education strategies, as individuals have different learning styles, and both formal and informal methods were successful. Media strategies are difficult to assess unless one undertakes a poll with the general public. The community education sessions were an effective vehicle for raising awareness about the program. There was very little information about how victims/survivors heard about the SANE program and this information should be gathered, to assess effectiveness of public education strategies.

Advisory Committee members indicated strong support for the SANE program by sharing information about the SANE program with their staff, volunteers and clients, and referring to the SANE program, with some indicating they promote the program generally to their communities. Those, who had been involved for some time on the Advisory Committee, indicated satisfaction with their participation on the committee, with the exception of one respondent. Support was shown by health, legal and community agency professionals who stated that services provided by the SANE program to sexual assault survivors were effective and over 80% were satisfied with their participation in the program. The RCMP and Crown Prosecutors reserved comments on overall effectiveness, the RCMP due to the need to further clarify roles, policies and procedures with the SANE program, and the Crown Prosecutors due to the limited experience with the program to date (only a few court cases). Both the RCMP and Crown, however, indicated support, generally, indicating the program was essential and much needed.

Suggested Areas for Next Steps

- ◆ More public education and promotion is needed to continue to raise awareness about sexual assault and the SANE program, both the services offered and “success stories”. Strategies should be targeted to the general public and to specific groups and communities such as youth in schools, universities, the African Nova Scotian community, the Mi’kmaq community, gay, lesbian, bi-sexual community and prostitutes, with sensitivity to overcoming barriers to reporting.
- ◆ Continue with the information and education sessions to address attitudes, myths and assumptions about sexual assault. This should include continuing education for all service providers in the continuum of services in the health care and criminal justice system.
- ◆ Develop a regular communication vehicle to provide updates, a feedback loop, so that service providers in the continuum of services feel involved and recognized for contributions, such as an internal quarterly or biannual newsletter.
- ◆ Consider a part-time educator and/or communications position to carry out the functions related to public education and promotion.

GOVERNANCE

The community-based model, using a client/person/woman-centred approach, has been an excellent and effective model that strongly supports the delivery of the SANE services.

Overall the management and administration by Avalon Centre was found to be effective with particular strengths being: community-based, professional management; credibility, knowledge and experience working with/on sexual assault issues; dedication and commitment to improving services and policies for sexual assault victims/survivors; independence from large institutions and flexibility enables effective coordination and issues to be addressed quickly and effectively. The wider range of populations served by the SANE program than Avalon Centre has served in the past, raised concerns about possible deterrence, confusion or potential public perceptions for the SANE program and Avalon Centre. The SANE program was under-resourced in some areas, with an impact on both the SANE program and Avalon Centre, which has contributed considerable resources through in-kind contribution.

The Advisory Committee is working relatively well, with most members (who responded) indicating satisfaction with their role, their input into decision-making, their contribution, and overall effectiveness. One member who was very dissatisfied with the committee indicated the need for restructuring the committee role and membership.

The formal partnership with the three health care facilities was not specifically evaluated, although all partners had input into the evaluation. Two issues were raised, however, that would affect these partnership agreements. The first is whether a busy hospital emergency department is the best location to deliver SANE services to adults. The second was a need to clarify and review the SANE role related to 13-15 year olds at the IWK.

The extent to which everyone understood their role in relation to the SANE program generally was very high, however, related to their specific role as police, emergency room nurses,

physicians and social workers to the SANE's and vice versa, the results revealed that some are feeling very positive, even relieved, with the change in their role, while others have mixed feelings, and a few perceive their role to be less significant or not relevant.

Partnerships in the SANE program are at various stages of development with about half of the evaluation respondents indicating partnerships were developed or strengthened, while the other half stated that partnerships had formed, but were very new and in early stages of development or hadn't formed yet. For those who had developed or strengthened partnerships, some key factors contributing to positive partnerships were a history of working together, mutual trust and understanding, individual connections, common goals and support by senior management. They also identified some important outcomes such as strong relationships, improved services and strengthened policies. Some challenges identified to building partnerships were time to build trust, open up lines of communication and to build awareness, understanding and respect for each other's perspectives and differences, including the ability to agree to disagree at times.

The response to the extent of knowledge of each other's policies and procedures was mixed with some being very aware of each other's policies before the SANE program, others increasing awareness through this program, while others were not aware. This may also be reflective of the various stages of partnership development.

SANE operational and service delivery policies, established at the beginning of the program and with the partnering health care facilities, are currently being reviewed, clarified and updated. Policies and protocols with the Halifax Regional Police were jointly developed and have been implemented. Policies and procedures within agencies in relation to the SANE program are also at various stages of development. At the time of this evaluation, there are no clear policies and protocols with neither the RCMP nor the Crown Prosecutors and both groups as well as the SANE staff have identified the need to move forward with this development activity.

The SANE program has facilitated the improvement of a coordinated response to sexual assault victims/survivors in Metro Halifax Regional Municipality. Interestingly, many of the key factors that respondents identified as contributing to a coordinated response are also the various outcomes anticipated for the SANE program. This could be a further validation that (1) respondents feel that these outcomes have been achieved (because they have named them as key factors directly related to the SANE program that have improved the coordinated response); and (2) the SANE program is an essential component to a comprehensive, coordinated response to sexual assault victims/survivors. Another key finding is that two levels of coordination are occurring, at the management level and at the service delivery level. This is attributed to the efforts of all the partners, having key stakeholders around the table with authority to make decisions, and coordination by Avalon Centre as an independent, community-based organization.

Suggested Areas for Next Steps

- ◆ Adequate, sustainable funding is required to deliver the program effectively.
- ◆ To ensure clarity in public perceptions about the different populations served by Avalon Centre counselling program and the SANE program, Avalon Centre should consider

how the SANE program is structurally integrated and how the program is promoted. For example, one option would be for the SANE program to be an “outreach” program.

- ◆ The gaps in long term follow-up services for males over 16 and youth 13-15 years of age should be addressed to ensure a coordinated response.
- ◆ A review of the Advisory Committee’s mandate may be important to clarify any issues members may have and to identify mechanisms for communication related to program progress or dealing with specific operational issues.
- ◆ There is need for role clarification in relation to the SANE program and SANE’s with some community partners, some client groups and with some referral sources:
 - The RCMP to build understanding and mutual respect related to respective roles;
 - The Avalon Centre crisis support workers;
 - Social workers in hospitals;
 - The IWK, possibility of specialist nurses doing paediatrics;
 - Family doctors as this is another avenue for referrals;
 - Emergency nurses - a one-page description further clarify role;
 - Approach with emancipated 13-15 year olds;
 - Improve information handouts on sexually transmitted infections (STI) and testing, and HIV, which reinforces the follow-up recommendations.
- ◆ A protocol is needed to provide services in a sensitive, appropriate, comprehensive way to individuals who have multiple chronic problems, such as poverty, mental health issues, housing, conflict with the law, etc. and are presenting to the emergency department on multiple occasions reporting a sexual assault.
- ◆ Continue with ongoing development of policies and procedures to guide practice for SANE’s and the SANE program, such as complete review and updating of SANE policies; develop policies with the RCMP and a framework or guidelines with the Crown Prosecutors so they can fulfill their continuing obligation to disclose.
- ◆ Continue with ongoing development and strengthening of program partnerships to continue to support a coordinated response, taking into consideration both the contributing factors and challenges related to those partnerships. In particular, build stronger partnerships with community organizations to improve referrals to the program.

QUALITY OF NURSING PRACTICE – QUALITY OF CARE

The SANE’s provided comprehensive and informed care, timely care, and continuity through follow-up. This was assessed by the victims/survivors, was supported by statistical evidence showing choices were made and the anecdotal evidence by those who were involved in various cases with the SANE’s attending the victim/survivor (see Conclusions, the Sexual Assault Victim). Another service provided by the SANE program is short term follow-up services, a medical follow-up phone call provided by the SANE’s and short term phone support by the SANE follow-up worker (working ½ day per week), only if the victim/survivor chooses.

The medical follow-up provided by the SANE’s is a necessary service for the victim/survivor, particularly where drugs or medication have been prescribed. The SANE’s have varying degrees of satisfaction and levels of comfort with follow-up procedures, some related to whether