Table 2. Sexual Assault Nurse Examiner Roles

Citation	Country	Subspecialty	Purpose	Major Findings/Recommendations
Bechtel, Ryan, & Gallagher (2008)	United States	SANE - PED	Evaluate whether the use of SANEs in a pediatric emergency department (PED) improves the medical care of pediatric and adolescent sexual assault victims.	SANEs in a PED led to a greater documentation of the physical examination more screening for STIs, provision of pregnancy prophylaxis, and referral for mental health service for victims of sexual assault. Ongoing education and quality assurance are necessary to ensure optical medical care, adherence to medical evaluation.
Campbell, Long, Townsend, Kinnison, Pulley, Adames, & Wasco (2005)	United States	SANE - A	Describe SANEs' most recent expert testimony experiences and determine whether characteristics of SANEs or their programs predicted difficulty during expert testimony.	43% of the SANEs reported no difficulties during their most recent experience of giving expert testimony. Younger nurses, more experienced SANEs, and those who worked as administrators reported fewer difficulties in their most recent expert testimony. Nurses' education level was not significant, but there was a trend that nurses with forensic nursing training were less likely to report difficulties in recent expert testimony. At a program level, nurses affiliated with larger SANE programs and those with stronger collaborative relationships with prosecutors also reported fewer problems.
Ciancone, Wilson, Collette, & Gerson (1999)	United States	SANE - A	Report findings of a descriptive study of the Sexual Assault Nurse Examiner (SANE) programs and their characteristics in the United States	SANE programs are similar across the US with regard to staffing, training, STD and pregnancy prophylaxis, and documentation techniques. Programs are inconsistent in the use of STD cultures, HIV testing, and alcohol and drug screening. SANE programs were unable to provide data regarding survivor follow-up and legal outcomes, which is essential to evaluate the programs' effectiveness and to improve performance. The need for better outcome data should be addressed to define success or failure of SANE programs
Dandino-Abbott (1999)	United States	SART	Describe the establishment and evaluation of one-year outcomes of the The Lucas County Sexual Assault Response Team (SART).	The Lucas County SART represents a unique collaboration among the Prosecutor's Office, the Sheriff's Department, the Toledo Police Department, St Vincent Mercy Medical Center, The Toledo Hospital, and the Toledo YWCA Rape Crisis Center. One-year outcomes demonstrate that the SART provided quality care sexual assault victims including shorter time-to-care; decreased length of stay; improved documentation quality, and more effective coordination of interagency services.

Houmes, Fagan, & Quintana (2003)	United States	SANE - A	Describe the unique requirements, objectives, and resources needed to develop a SANE program based in the Emergency Department (ED)	Sexual assault remain are the most rapidly growing violent crime in the US. SANE programs have shown that treatment of assault victims through coordination of medical, psychological, and forensic care can benefit community health and result in thorough, cost-efficient treatment in the ED.
Hutson (2002)	United States	SANE - A	Describe the development of SANE programs in the tri-state area of southern Ohio and northern Kentucky	Since the introduction of these SANE programs, evidence is collected more efficiently and consistently, enabling more effective prosecution. Using a multidisciplinary approach, including SANEs, physicians, police, and prosecutors, nurses can combine their expertise to improve the healthcare of victims and the safety of the communities in which they live and practice.
Logan, Cole, & Capillo (2006)	United States	SANE - A	Examine one SANE program's development and operation and describe demographic, incident, and exam characteristics for sexual assault survivors examined by a SANE between 2001 and 2005.	Most programs surveyed provided service 24 hours a day, 7 days per week (82.7%) from hospital emergency or other hospital departments (60.1%); the remaining SANE programs were housed in rape crisis centers (15.2%), free standing clinics (8.2%), criminal justice system agencies (e.g., police department, prosecutor's office, or victims assistance program; 9.6%). Eighty percent of SANE programs reported having excellent working relationships with their local rape crisis centers. Respondents also endorsed excellent working relationships with law enforcement agencies (53%), domestic violence agencies (63.3%), the prosecutor's office (52.6%), and hospital administrators and hospital staff (51.5%). Perceived benefits of SANE programs for survivors included client-centered care, high quality of evidence collection, and follow-up referrals to support services. Challenges to the development and maintenance of SANE programs include staffing, funding, and conflicts / lack of communication with various stakeholders.
Marchetti, Fantasia, & Molchan (2012)	United States	SANEs – A/Ped	Describe the attitudes of SANEs regarding the possibility of cross-training to care for patients <12 years old.	The majority of SANEs in this study endorsed the option of pediatric cross-training, a smaller portion of participants opposed the proposal citing the emotional toll of caring for children who have been sexually assaulted and the need for adequate educating, training, and support.
Stermac & Stirpe (2002)	Canada	SANE - A	Describe a SANE program at a hospital-based sexual assault care center in Ontario, Canada and compare the care provided by SANEs and physician examiners.	Average assessment times were shorter for victims seen by SANEs than for victims seen by physicians ($3^1/_4$ hours vs. 4 hours). Physicians had more interruptions (25.1%) than did SANEs (20.0%). Client characteristics and presentation were similar regardless of care provider. The results support the utility of the SANE model.