



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

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

**Annual Report  
2022**

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Office on Women's Health

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## Annual Report 2022

### Statewide Telehealth Network for Forensic Examinations of Victims of Sexual Offenses Program

## Background

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

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

## Terminology

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

- An **acute sexual assault survivor (ASAS)** is any individual who has been a victim of sexual assault, and is not deceased, who presents for care within 120 hours of the assault (Centers for Disease Control and Prevention [CDC], 2021).
  - Throughout this report, we use several words to describe individuals who experience sexual violence. Individuals who have been assaulted are sometimes referred to as “victims,” a term generally used in judicial and law enforcement systems. Advocacy service providers will often utilize the term “survivor” and health care professionals are encouraged to refer to these individuals as “patients.” Some individuals do not identify with any of these terms and do not feel that these labels adequately convey their personal experiences of sexual violence. Whenever possible, allow individuals to select terminology with which they are most comfortable.
- **Sexual assault** is “sexual activity that occurs when consent is not obtained or freely given” (CDC, 2021). This definition includes sexual coercion.
- **Acute sexual assault** is any assault that occurred in the prior 120 hours (International Association of Forensic Nurses [IAFN], 2022).
- A **sexual assault nurse examiner (SANE)** is a nurse who has received specialized training (both didactic and practical) in the examination of ASAS and the collection of forensic evidence (IAFN, 2022). SANEs are trained to provide trauma informed, evidence-based care to this unique and vulnerable population. The IAFN may certify SANEs for the pediatric or adolescent/adult age groups, or both. Any person trained in the care of an ASAS who is not a registered nurse is referred to as a sexual assault forensic examiner.

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

## Sexual Assault Data

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

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

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Appropriate, timely care for acute sexual assault survivors is paramount to minimizing the lifelong impact of the violence, and aiding the survivor in taking back the power and control that was ripped from them during the assault. Research has demonstrated that many emergency department providers lack the specialized training required to provide trauma-informed care to this unique population (Fehler-Cabral et al., 2011). SANEs have extensive training and clinical experience in treating sexual assault survivors (Fehler-Cabral et al., 2011). Data concerning the number of trained SANEs in the state of Missouri, as well as their current practice status and location, is currently incomplete. Additionally, the number of SANE programs in Missouri is inaccurate due to lack of documentation. SAFETrack only identifies 13 SANE programs with 24/7 coverage in the state (SOM, 2021), meaning that 92% of licensed hospitals are not identified as having a SANE program offering continuous SANE care. While 42% of licensed Missouri hospitals are located in rural areas, SAFETTrack only lists four rural hospitals (2.5% of Missouri’s total licensed hospitals) as having a SANE program (State of Missouri [SOM], 2021). That leaves the other 63 rural hospitals and 83 urban hospitals without a known trained sexual assault care provider.

<b>NON-METRO VS. METRO</b>						
	Hospitals	% of Hospitals	Hospitals with SANE	% of Hospitals with SANE	Sexual Assaults	% of Sexual Assaults
Non-Metro	67	42%	4	2.5%	536	12%
Metro	92	58%	9	5.5%	3,390	88%
Total	159	100%	13	8%	4,466	100%

Data related to the total number of sexual assault exams performed across the state is also limited because sexual assault survivors who present for a forensic exam may not report their assault to law enforcement. Finally, at this time there are no reports of how many survivors presenting for care at facilities without SANE programs are receiving exams by a non-SANE provider, or being transferred to a facility that offers SANE care. Understanding the full context and scope of the problem is critical to improving the system responses. There is opportunity for more complete data in future reports.



## **Current Status**

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

The following timeline depicts the milestones achieved in the implementation process during 2022:

### **July 2022**

- The General Assembly appropriated general revenue funding for the program.

### **September 2022**

- The program director began meeting with stakeholders, including those from the Missouri Hospital Association and the Missouri Chapter of the International Association of Forensic Nurses (IAFN) in order to determine next steps in program design and implementation.
- The program director developed plans with DHSS staff for hospital data collection for future reports.

### **October 2022**

- DHSS' Office on Women's Health hired a program specialist.
  - The program specialist created key educational and documentation pieces for the program to use.

### **November 2022**

- DHSS executed a contract with University of Missouri's MO Telehealth program to secure their assistance and services in designing the program.
- The contractor, MO Telehealth, hired a program coordinator
- DHSS identified one pilot distance site with existing originating sites. DHSS and the contractor identified additional originating sites to add to the pilot network. That originating site is now a sub-contractor under the MO Telehealth contract.
- The program specialist met with the program coordinator at the pilot site to identify key areas for incorporation into the statewide program design.
- DHSS identified two additional potential originating sites and MO Telehealth will contact them to determine their desire/ability to participate in the pilot program.
- The program director and program specialist virtually presented key program information for the Missouri Hospital Association and at the Missouri Coalition Against Domestic Violence and Sexual Assault Conference.

### **December 2022**

- The program specialist began meeting with the contractor's program coordinator on a bimonthly basis to facilitate forward progress and planning.

## Moving Forward

DHSS is on track to implement the program statewide in January 2024. To continue the program's forward progress, DHSS and its partners will implement several key components will in the upcoming year.

- **Data improvement:** DHSS will survey Missouri hospitals to obtain more accurate data reflecting the current number of SANE programs in the state as well as which hospitals will require assistance from the program.
- **Equipment distribution:** DHSS will purchase equipment for those hospitals either identified as distance sites or originating sites with need for SAFE-T services.
- **Pilot site expansion:** The contractor will establish contracts with remaining pilot sites.
- **Pilot site training:** DHSS will work with the contractor and pilot sites to finalize TeleSANE education for distance and originating sites.
- **Site visits:** DHSS will perform site visits to remaining pilot sites and provide education as indicated as a joint venture with MO Telehealth.
- **Law enforcement & advocacy center training:** DHSS will provide education for law enforcement agencies and advocacy centers to ensure stakeholders and partners have full understanding of where survivors can seek services as they become available.

## Future Needs

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

### *Sexual Assault Survivors' Bill of Rights*

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

### *Trauma-informed care*

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

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