



Enhancing Forensic Healthcare in Rural Oregon Innovating Healthcare and Justice for Vulnerable Populations

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About the Oregon Attorney General's Sexual Assault Task Force (SATF)



Founded in 1999, the Oregon Attorney General's Sexual Assault Task Force (SATF) is a statewide non-profit dedicated to the prevention of and response to sexual assault.

The Task Force includes over 100 multidisciplinary members from across the state, organized into 8 subcommittees focused on specialized areas of response and prevention.

SATF's Key Programs:

- Sexual Assault Nurse Examiner (SANE)
- Campus Program
- Prevention Program
- Sexual Assault Training Institute (SATI)

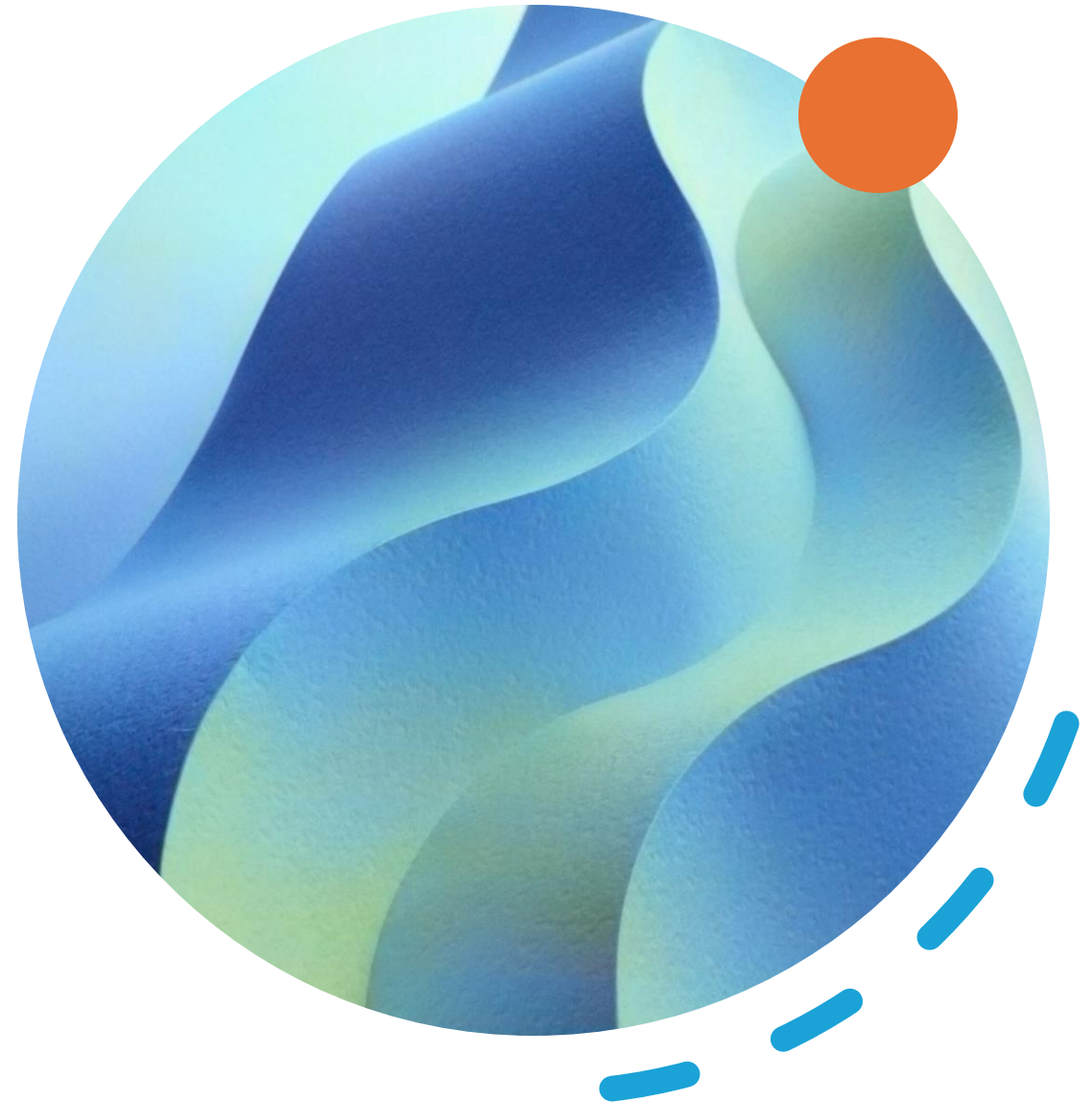
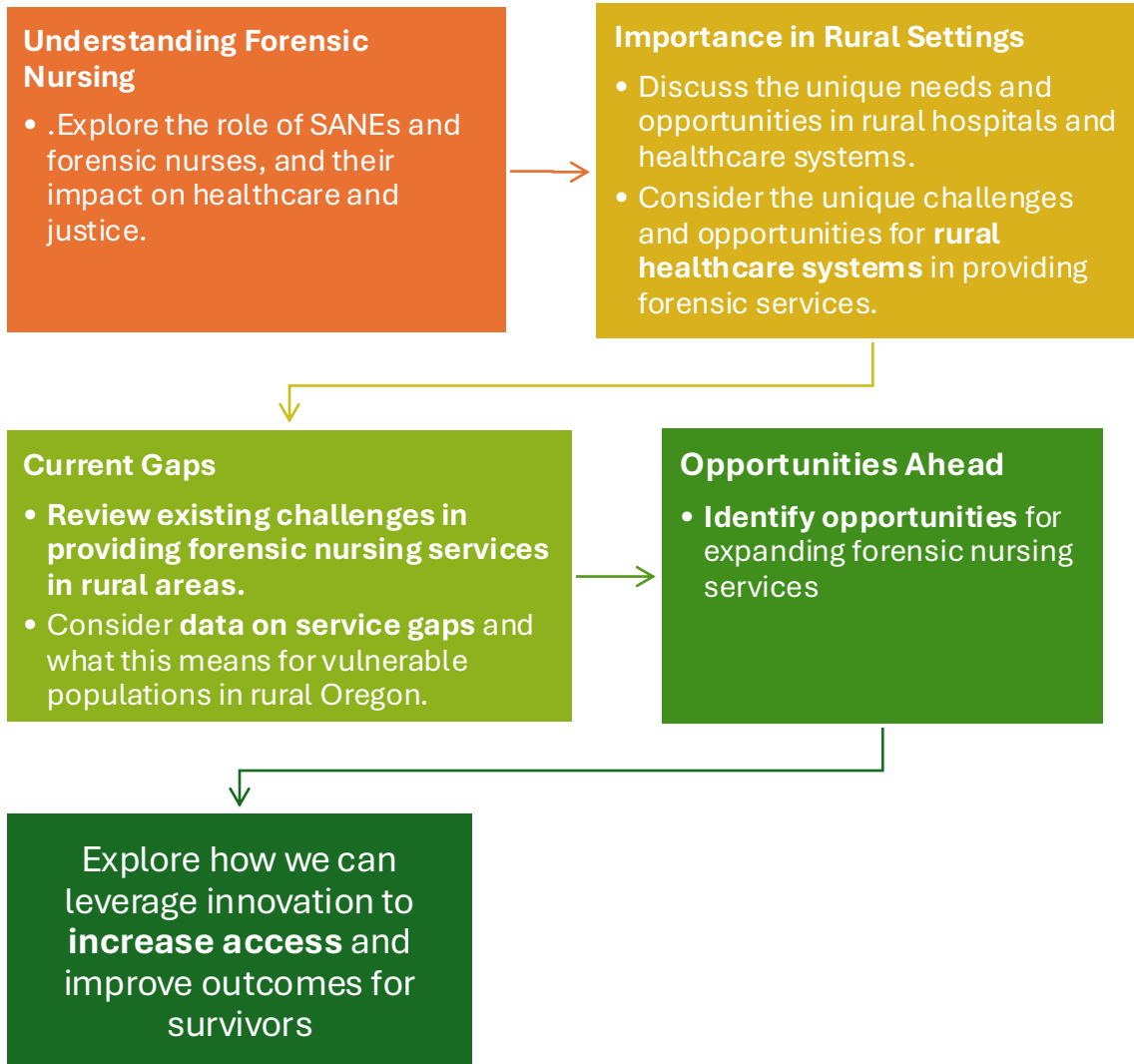


SATF's

Program

- 1. Training:** SATF provides 40-hour training courses for healthcare professionals interested in becoming SANEs.
- 2. SANE Certification Commission:** Oversees the certification of Sexual Assault Nurse Examiners in Oregon, ensuring that all practitioners meet the highest standards of care.
- 3. Medical Forensic Committee:** A collaborative body of healthcare professionals that develops guidelines, protocols, and best practices for forensic nursing care in Oregon.
- 4. Technical Assistance:** Ongoing 24/7 support and real-time clinical assistance for SANEs and other healthcare professionals across Oregon.

Objectives



A scientist in a white lab coat and blue gloves is working in a laboratory. The scientist is holding a small vial and a pipette, with a microscope in the foreground. The background is blurred, showing various laboratory equipment and colorful bokeh lights. The text "Understanding Forensic Healthcare" is overlaid in the center of the image.

Understanding Forensic Healthcare

What is Forensic Healthcare?



Medical care for victims of violence or abuse, criminal activity, or accidents.

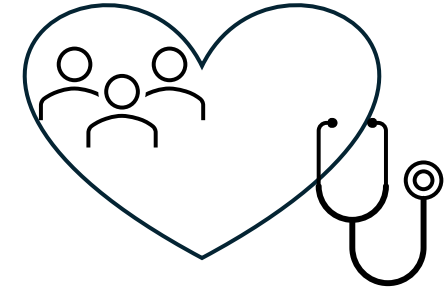
The **intersection of healthcare** and the **justice system**.

Provides **trauma-informed**, best practice care to our most **vulnerable populations**.

Examples of Populations Served

- Sexual Assault
- Domestic & intimate partner violence
- Interpersonal Violence
- Human Trafficking
- Child and Elder Abuse
- Non-fatal strangulation
- Death Investigations
- Workplace Violence

What are Forensic Nurses?



Forensic healthcare professionals are specially trained in forensic assessments, collecting evidence, caring for survivors, and providing expert testimony in legal cases.

Sexual Assault Nurse Examiner (SANE) Nursing: A branch of forensic healthcare; specially trained nurses who provide care to those impacted by sexual violence.

Multi-Disciplinary Coordination: Forensic nurses collaborate with law enforcement, social workers, advocates, and legal teams.

- **Trauma-Informed, Survivor-Centered Care:**
 - Focuses on the **well-being** and **empowerment** of survivors.
 - **Reduces re-traumatization** by creating a safe, supportive environment.
- **Evidence-Based Practice:**
 - Forensic nurses use current best practices in healthcare and legal standards.
 - Regular training updates ensure that care is aligned with the latest research and protocols.
- **Standardization and Quality:**
 - Consistent and high-quality care across cases.
 - Thorough documentation to support legal outcomes.

Why are Forensic Nurses Best Practice?

Enhanced Patient Outcomes:

- **Improved Health Outcomes**
- **Higher Patient Satisfaction**
- **Timely & Comprehensive Care**

Justice Outcomes

- **Increased Reporting and Legal Follow-Through**
- **Better Evidence Collection**
- **Justice Outcomes/ Prosecution Rates**

Community Safety

- **Role in Crime Prevention**
- **Encouraging Survivors & Connecting with Long-Term Mental Health & Social Support**

Standard of Care in All Settings

Urban and rural communities benefit equally from a forensic nursing approach, ensuring that all survivors receive the best possible care.

Key healthcare and forensic organizations collectively reinforce that **forensic nurses are considered a gold standard** in providing trauma-informed, evidence-based care to survivors of violence, improving both patient health outcomes and the quality of forensic evidence for legal proceedings.

International Association of Forensic Nurses (IAFN)



American Nurses Association (ANA)



Centers for Disease Control and Prevention (CDC)



World Health Organization (WHO)



U.S. Department of Justice, Office on Violence Against Women (OVW)



American College of Emergency Physicians (ACEP)



National Sexual Violence Resource Center (NSVRC)



Forensic Healthcare in Oregon

The Current Landscape



Forensic Healthcare in Oregon

The Current Landscape

Number of Certified SANEs:

- There are approximately **100 Oregon Certified Sexual Assault Nurse Examiners (SANEs)** across the state.
- This number reflects the entire state population, which means coverage is spread thinly across both urban and rural areas.

Highly Variable Response:

- **Uneven Access to Care**
- **Response to Sexual Assault and Forensic Needs Varies:**
 - ***Across the State:*** from county to county.
 - ***Within Communities:*** Between different hospitals or healthcare providers.

Limited Oversight and Coordination:

- There is currently **limited oversight** at the state level for how forensic services are administered.
- No **centralized system** exists to regulate SANE practices or ensure uniform quality of care throughout Oregon.

Lack of Data & Transparency:

- An **overall lack of data:** Difficult to assess gaps, understand regional disparities, and identify areas needing the most improvement.
- **No Statewide Reporting System:** This lack of standardized data collection prevents accurate tracking of service availability, case outcomes, or patient experiences.

The Current State of Forensic Response in Oregon

Where Are We Now?



Limited Access in Rural Counties:

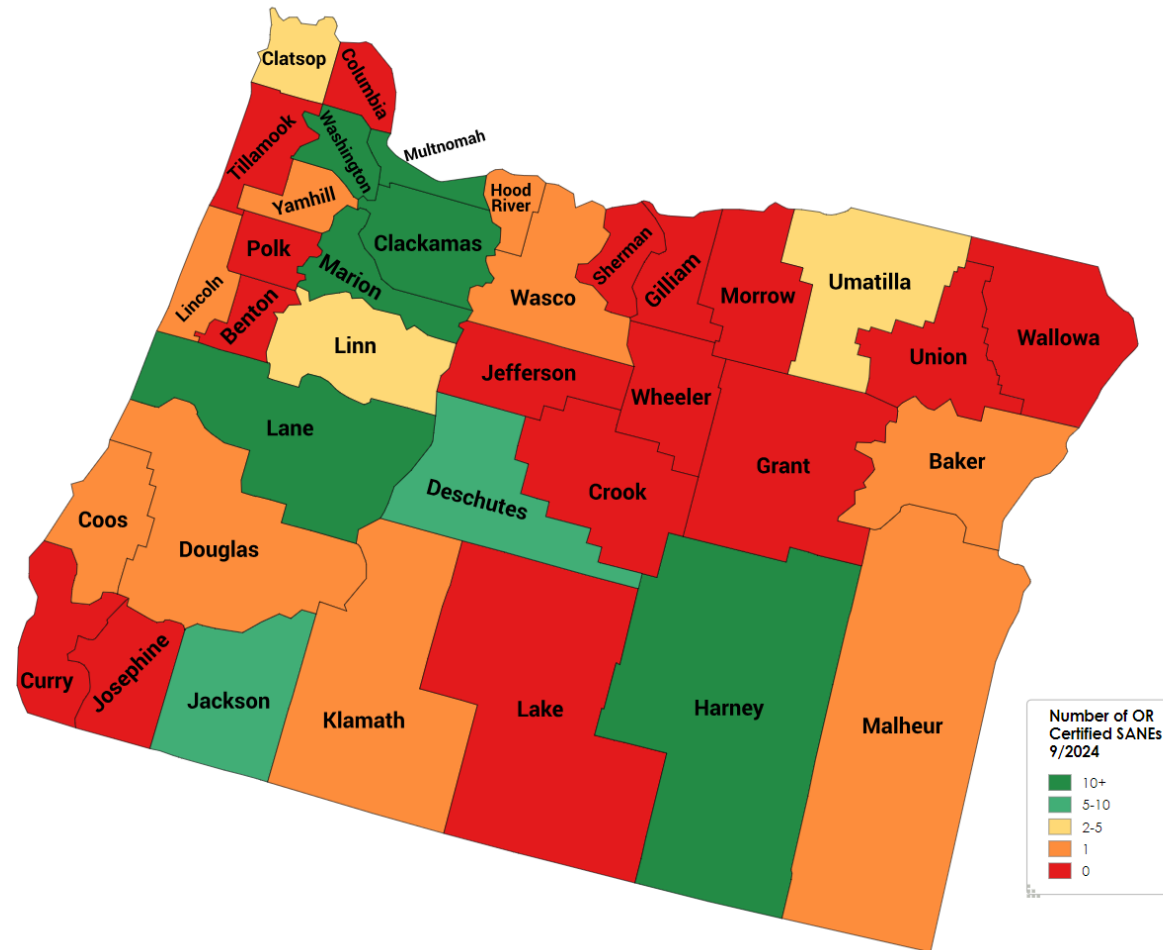
- Most rural counties have **minimal or no access to trained Sexual Assault Nurse Examiners (SANEs)** or other forensic nursing services.
- **Existing SANEs Are Overstretched:** Many SANEs serve multiple hospitals or cover large geographic areas, leading to burnout and lack of availability.

Lack of Infrastructure

- **Training and Support Deficits:** There is a significant lack of **continuous forensic training, mentorship, and support** for rural healthcare providers, preventing professional development and quality oversight.
- **Inconsistent Oversight:** Without centralized oversight, rural providers may not be up-to-date on forensic best practices, impacting the quality of care provided.

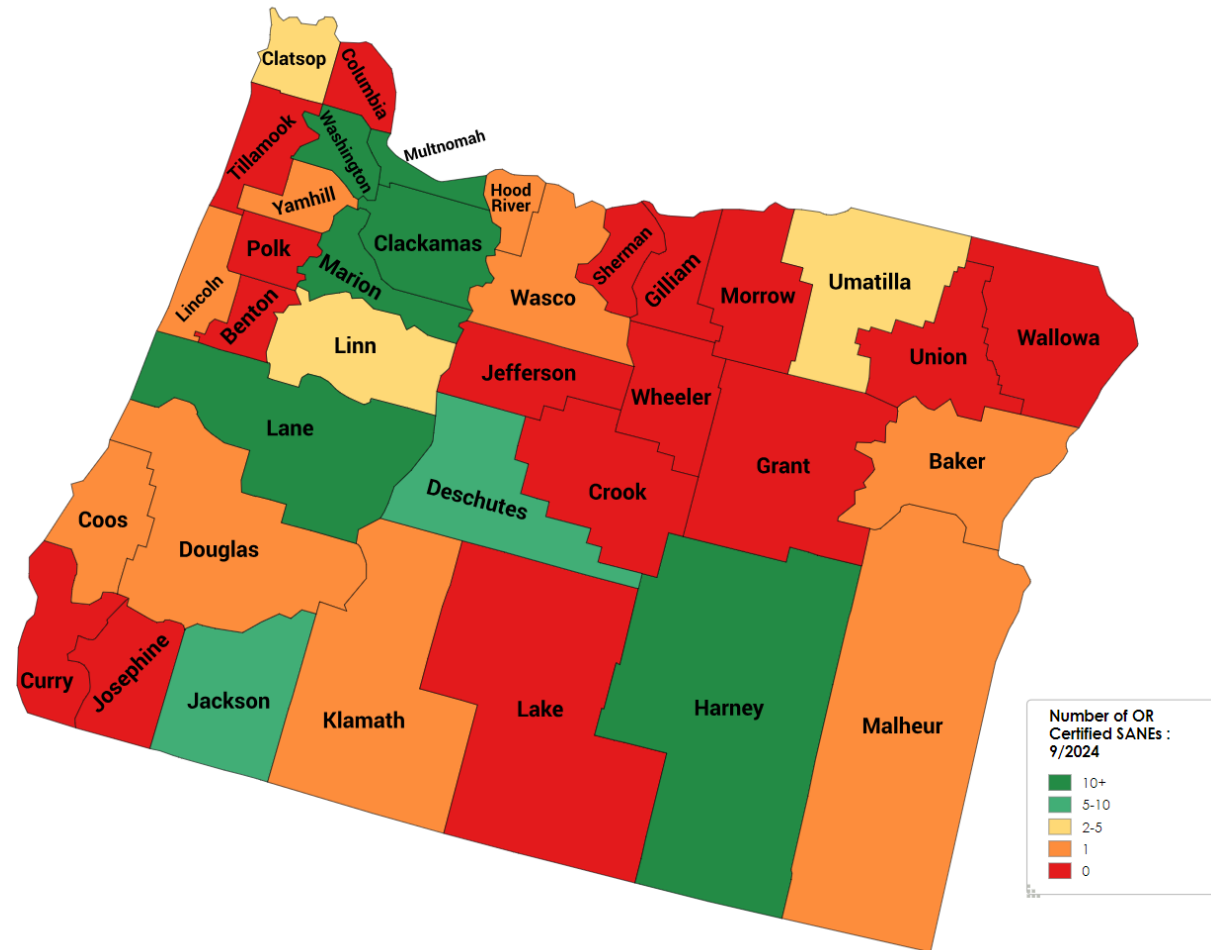
Forensic Nursing in Oregon: County-Specific Data

- 8 Oregon Counties with **only ONE (1)** Certified SANE
- These counties have very limited coverage and rely on a single nurse for all forensic cases.

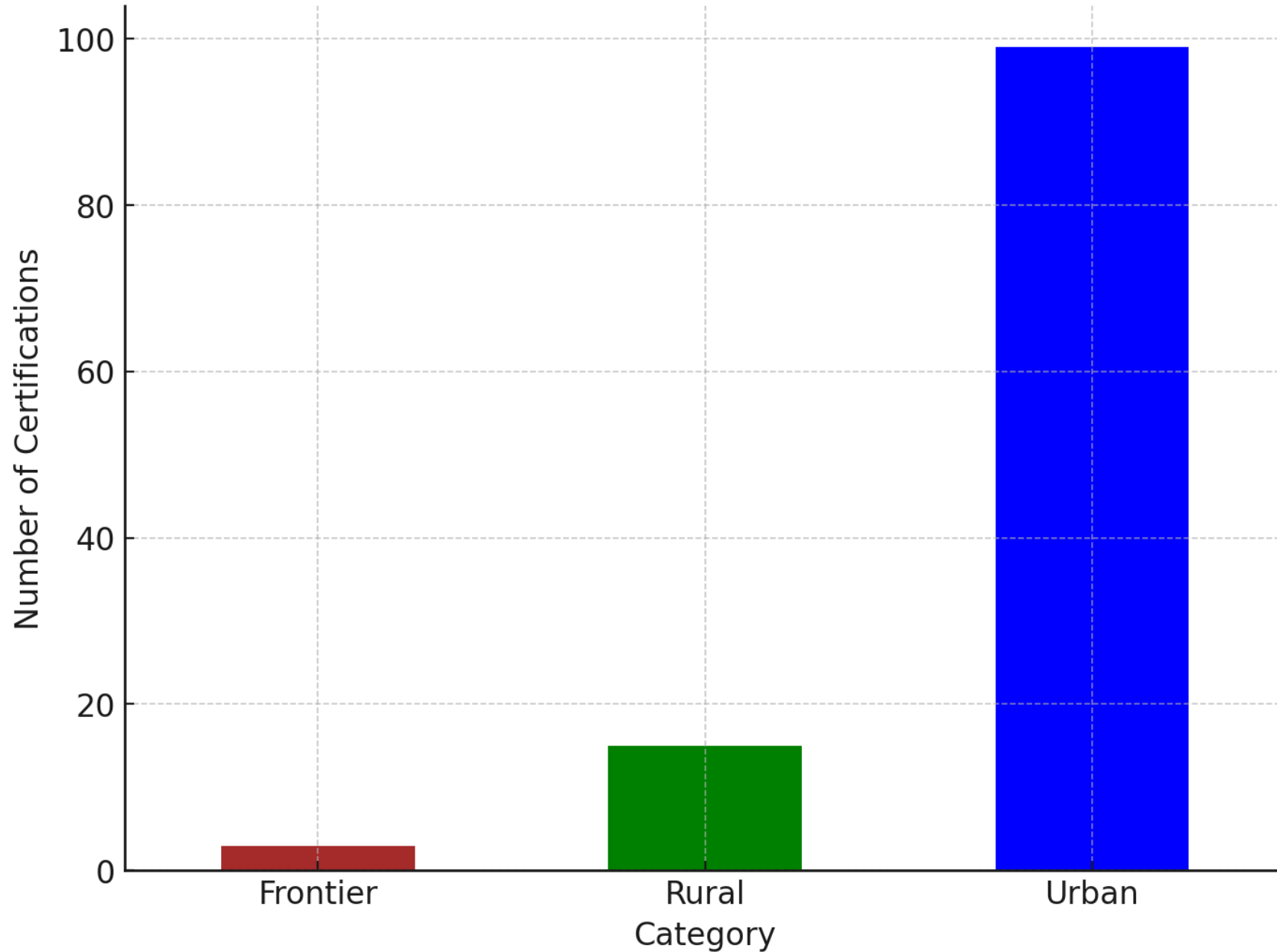


Forensic Nursing in Oregon: County-Specific Data

- 16 Oregon Counties **WITHOUT ANY (0)** Certified SANEs.
- **Over a third** of Oregon counties lack any certified forensic nurse, significantly limiting access to care.



SANE Certifications by County Category



The State of Forensic Response in Rural Oregon *Current Gaps in Forensic Care*

- Frontier & Rural Counties *Collectively* Have **Only 14 SANEs**
- These areas cover vast territories, further highlighting the **workforce shortage**



What Does it All Mean???

- **Implications:**
 - Low SANE availability directly impacts survivors' access to timely care and can negatively affect health outcomes and legal processes.
- **Impact on Rural Populations:**
 - **33% of Oregon's Population Lives in Rural or Frontier Areas:** This means over a million residents lack consistent access to forensic healthcare.

Challenges Facing Rural Oregon in Forensic Healthcare

Understanding the Gaps

Geographic Isolation:

- **Distance and Travel Times:** Many survivors must travel long distances to access SANE services
- **Limited Access to SANE Services:** Few locations have 24/7 availability of trained SANEs, leaving rural communities underserved.

Resource Constraints:

- **Limited Equipment and Facilities:** lack the necessary forensic tools and technology for comprehensive exams.
- **Shortage of Trained Personnel:** A lack of nurses with SANE training, leading to a reliance on emergency department staff who may not be specialized in forensic care.

Workforce Shortages:

- **Challenges in Recruitment and Retention:** Rural areas struggle to attract and keep certified SANEs due to the lack of ongoing support and infrastructure.
- **Training Opportunities:** Limited opportunities for local training lead to fewer qualified nurses in these communities.

Impact of Gaps on Survivors and Legal Outcomes:

- **Delays in Care:** Long waiting times and extensive travel delay evidence collection, impacting both survivor health and legal prosecution.
- **Lack of Trauma-Informed Care:** Limited access to forensic nurses means survivors may not receive appropriate psychological and medical support, adding to their trauma.



The Human Impact

Survivor Impact Statements
from Oregon's Rural Communities

Long Distances and Extended Waits

“I sought out medical services for sexual assault at the nearest hospital to find that our rural community **does not have any services available**, and they **were referred out of area** for a SANE exam. We had to drive 3 hours away for an exam, and the exam would take 4-7 hours, and then drive home another 3 hours the next day”

“After driving to [REDACTED] once we arrived, despite being **previously communicated** and requested to have a SANE nurse available upon arrival, then they called for the on-call nurse to come, and we had to **continue to wait** for their arrival”

“We arrived at the hospital in [REDACTED] after a 3-hour drive, at 3:00pm. The exam continued until 10:00pm. **I was exhausted and we were still hours from home.**”

“The 7-hour exam was due to a SANE in training, so **everything took longer**. Imaging needed to be done, due to strangulation, that took about an hour. An additional police interview took place in the exam room, taking around an hour and a half. After we thought we were near to being able to leave, it was decided that a legal blood draw needed to take place with the officer and his bodycam present, which took an additional hour.”

A Glimpse into the Experience

“these clients I worked with **wanted justice**, they wanted the exam for their own **safety and health**, and they wanted **evidence** to be collected”

“Anyone seeking SANE exams is strongly suggested to not eat, drink, or use the bathroom prior to evidence being collected. So, you can only imagine waiting this long when you are hungry, thirsty, or need to pee, but everyone says you need to wait. **It is miserable.**”

“Anyone who has just been through a sexual assault has already been **traumatized**. **Not being able to serve them in our own community** only **adds to the suffering and trauma** when they are **only seeking justice** and want evidence to be collected and to be medically seen with so many uncertainties of *do they now have an STD? Are they pregnant? Will they ever sense justice? Will the perpetrators face consequences?* It is an agonizing process.”

“Spending 12 or more hours following an assault and having to go through the insane hoops is a disgrace to anyone who has just been through what they have suffered, it only **adds to the suffering**. They are prevented from being with a friend, safe with family, taking a hot shower, or eating some comfort food from their own couch, or going to sleep.

Instead they are in a car with a stranger whom they may or may not trust, taken away from home, out of their community and expected to not eat or drink, or use the bathroom for a minimum of 5 hours after they arrive at their local hospital, which is not easy in itself, only to be told they can not be helped locally, they have to go to Bend and spend the next 12 or more hours jumping the hoops because **our community lacks appropriate services.**”

Barriers to Justice: An Impossible Decision

“I wanted to share with you my experiences that highlight the difficulties we face in our **extremely rural community** when dealing with sexual assault response.

I had a client who was sexually assaulted [REDACTED] v [REDACTED]. She was unsure about making a report to the police but did want to have a forensic exam to **preserve evidence**.

At the time there was **no one available** in our county to perform the exam. I explained to her that I could drive her to the nearest hospital to have the exam, which would be [REDACTED] a three-hour drive away. She decided not to do that because **she needed to pick up her children** from her aunt's house.”

“This woman was forced into an **impossible decision** because there was **not a local option** to collect evidence in her case...

Later she also decided **not to report** the incident to law enforcement because she didn't have evidence to prove who assaulted her and she didn't know who it was out of the people present. ”

Compromised Safety & Emotional Wellbeing

“They were sent to [REDACTED] a two- and-a-half-hour drive. The next day she contacted me to let me know that her car had broken down on the way there and since most of Eastern Oregon has no cell service she was stuck until someone stopped in the morning and brought her back to town. This time of year, it was below freezing temperatures.

You can imagine how traumatic that would be after what she had already been through. I offered to take her in my vehicle, but she decided that she couldn't do any more and just wanted to be home. She also **decided not to make a report to the police.**”

Burden on Providers: A Nurse's Plea for Support

“I am an RN working in [REDACTED]. I have been attempting to get my SANE certification since 2018. [REDACTED] and surrounding communities have no SANE RN. This is a **50-mile radius that lacks this support**. Additionally, there are few SANEs in [REDACTED] **We are in dire need** of this service on the Rural Oregon Coast

Sexual assault victims have been recently diverted to [REDACTED] which is over 75 miles away for exams because of the “lack of SANEs” locally. **This is a social justice issue for our community.”**

“The population of our community in [REDACTED] is **vulnerable** composing of frail elderly and children. **Our community needs this service.** I implore you to assist me in navigating the multiple barriers I have encountered. ”

Barriers to Access & Burden on Local Resources

“In ██████ County victims of sexual assaults must be transported either in their own private vehicle or by law enforcement to the closest hospital, **often crossing state lines**, which can be multiple hours, depending on place in county incident happened and traffic.”

“We do not have a SANE response in county. This not only makes the 30-40 victims that do come forward have to leave the county to get care. They can spend up to **15-20 hours** waiting on a SANE to come to the hospital to examine them. They must **repeat their story** to the ER doctor, the LE, the SANE nurse, the RN in the ER, and any other provider that comes in to talk with them. These victims must also think about **childcare** if they have children.”

“This is not trauma informed due to having to drive long distances after the crime, not being able to have SAFE advocate there for the victim, **telling the story multiple times, long waiting periods** before seeing a SA examiner, and due to these issues, we know there are **victims that are not likely to come forward**.

Being able to have this in the county will increase response time, increase victims coming forward, decrease time for LE to get SANE Kits, decrease having to leave counties unprotected by LE, and decrease time to prosecute.”

“I was **turned away from two hospitals** in the ██████ area. I had gone seeking a SANE exam, and both hospitals said **they didn't have the staff to assist.**”

Contrast: The Value of Local SANE Access

“These incidents are a **huge contrast** to another case I was involved with where a young woman came to the ER after an assault. This time there was a forensic examiner available. After having her exam, she decided that she would make a report to the police.

After her assailant was arrested ten other young women came forward with their experiences with the same man. He is now in prison while the assailants in the other cases are still in our community.”

“I believe that having a local option for these important exams is not only imperative for the **safety of our community**, but also for the **mental well being of the survivors** of assault.

Having **evidence collected** helps these women feel more empowered that something can be done if they report. We desperately need help to make sure this important service is available to **all residents** of our state, **not just the ones in urban areas.**”

Recurring Themes from Survivor Voices: Lessons Learned

**Lack of Local
Access & Need
for Timely Care**

**Long Wait Times
& Compounded
Trauma**

**Choice Between
Justice and
Personal
Responsibilities**

**Geographic
Isolation &
Unpredictable
Challenges**

**Emotional and
Psychological
Impact**

**Barriers on
Existing Systems**

**Need for
Consistent SANE
Access & Local
Resources**



A Path Forward

Closing the Gaps

A Vision for the Future— Rural Oregon Leading the Way

Turning Challenges into Opportunities:

- Rural Oregon can lead the way in ensuring safe, just, and thriving communities, and serve as a national model for rural forensic care.

Building the Foundation:

- Regional Collaboration: Leverage partnerships between hospitals, clinics, law enforcement, and advocacy groups.
- Use technology to bring services closer to survivors in remote areas.

Equipping Every Rural Hospital:

- The goal is for every rural hospital and clinic to be prepared to deliver comprehensive forensic services.

Breaking the Cycle and Ensuring Justice:

- Forensic services are crucial for interrupting cycles of violence, ensuring that survivors receive the care and justice they need.

Vision for Thriving Communities :

Building a Comprehensive Model for Rural Forensic Care

1. Regional Forensic Hubs as Central Points of Care

Expert Support and Resource Center: Efficient use of resources and expertise, supporting surrounding rural and frontier areas.

Regional Coordination: coordinating forensic nursing resources, sharing staff and support across counties to cover large areas effectively.

2. Telehealth, Mobile Units, and Regional Response

TeleSANE Integration: Extend real-time support to remote providers for forensic exams and consultations, enabling timely and high-quality care.

Mobile Forensic Units: dispatch forensic services directly to underserved communities, ensuring immediate, on-site support.

3. Centers for Training, Education, and Workforce Support

Forensic Training and Mentorship: Hubs serve as training centers for SANEs and other forensic providers, offering mentorship, continuous education, and hands-on practice.

Scholarships and Peer Support: training opportunities, financial support, and networking to build and retain the forensic workforce in rural Oregon.

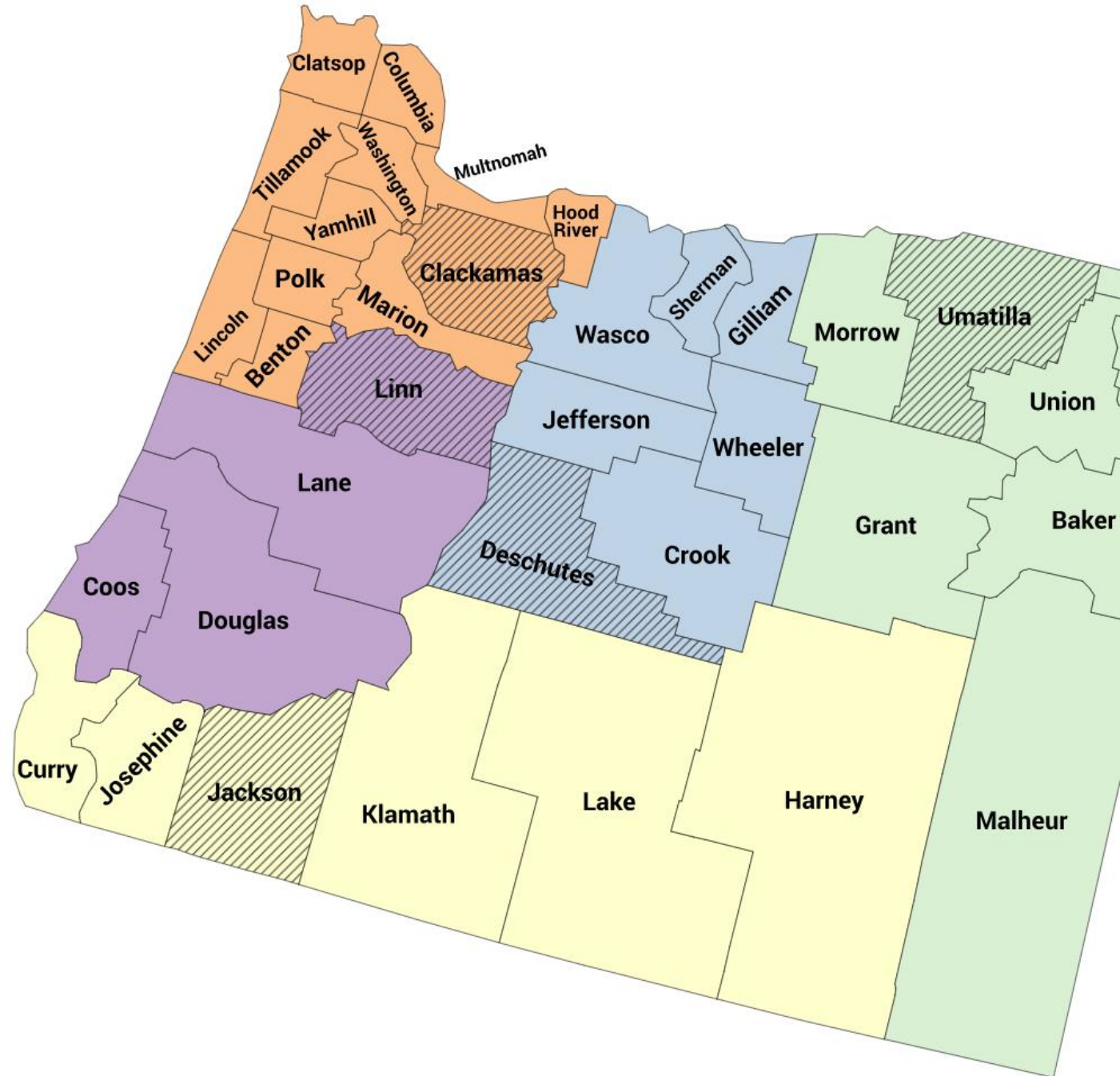
4. Expanding Forensic Care Beyond SANE Services

Forensic Scope Expansion: Expand beyond sexual assault care to include death investigations, elder abuse exams, domestic violence care, and services for marginalized populations.

Sustainable and Robust Response: comprehensive approach to forensic care, ensuring no population is overlooked and all needs are addressed.

A Comprehensive Regional Model for Forensic Care in Rural Oregon

- A **regional model** offers a centralized approach that effectively supports rural and frontier communities by combining various aspects of forensic care into **one cohesive system**.
- Hubs act as the **central point of care**, offering expertise and resources that can support multiple surrounding rural counties.



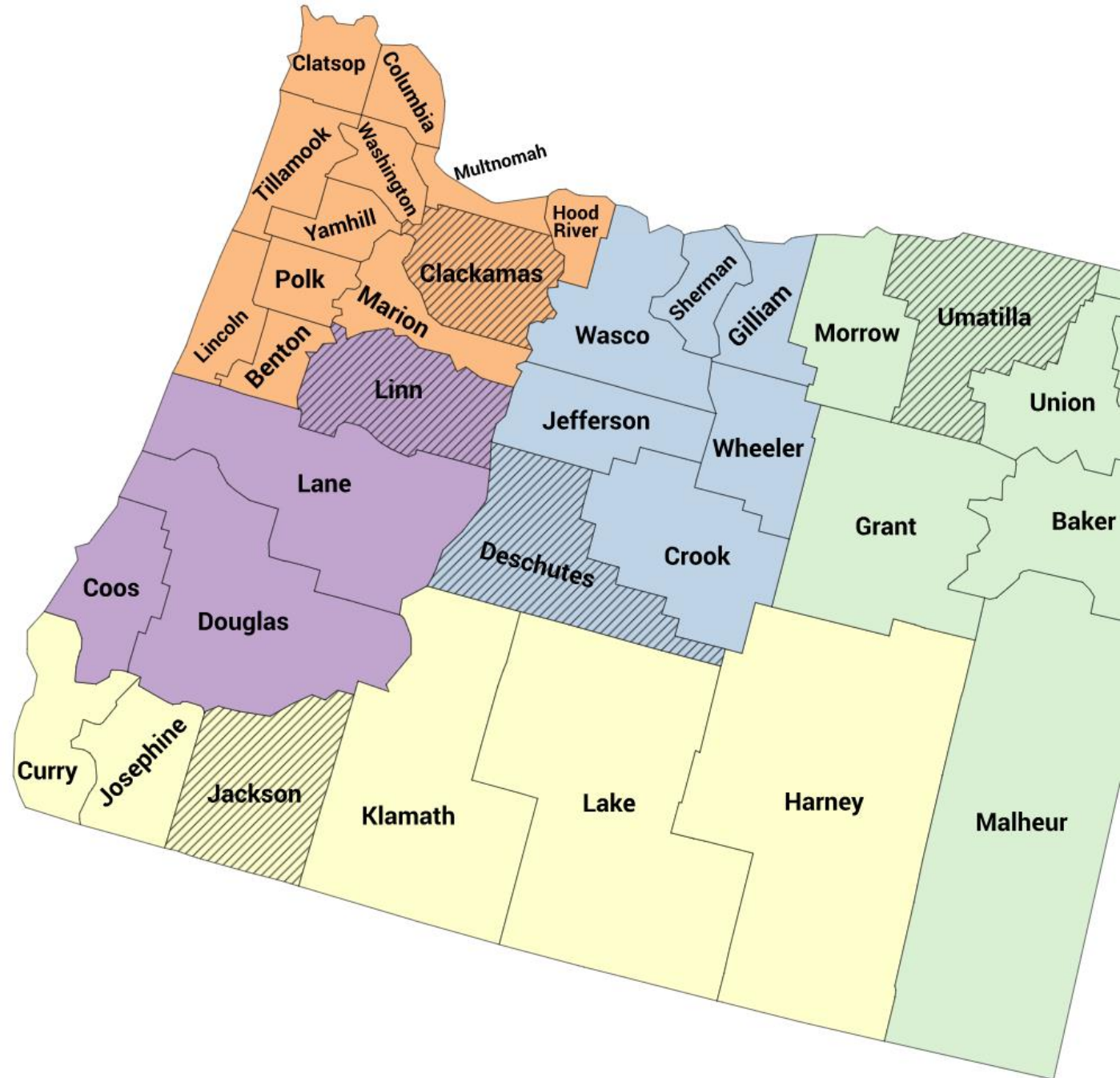
A Comprehensive Regional Model for Forensic Care in Rural Oregon

Benefits to Rural Areas: Provides smaller communities with **direct access** to expert forensic nurses and resources without requiring them to maintain these specialized services on their own.

Scalable Model: Rural clinics and hospitals connect to the hub for support, creating a **shared network** that pools resources efficiently.

Quick and Consistent Support: A regional hub creates a system where **support is always available**, no matter the distance.

Shared Resources Across Regions: Enables effective **resource-sharing** to reduce burnout among rural SANEs, ensuring **consistent care** availability and building **trust in the healthcare system**.



Telehealth, Mobile Units, and Regional Response

Bringing Forensic Care to Every Corner of Rural Oregon



TeleSANE: Extending Reach with Telehealth

Telehealth for Real-Time Support: SANEs in hubs can provide **immediate guidance to local healthcare workers** in remote areas.

Rural Impact: TeleSANE ensures that even the most isolated communities have access to **expert forensic guidance** without having to travel long distances.



Mobile Forensic Units

On-the-Go Forensic Care: Mobile units are equipped to provide **on-site forensic exams**, reducing the burden of travel on survivors and families, and enabling **rapid evidence collection**.

Flexible and Adaptive: Mobile units can respond to **surges in need** and travel to areas with no permanent SANE services, providing **responsive and trauma-informed care**.



Regional Response and Coordination

Optimized Resource Sharing: Hubs coordinate between counties to make the most of **limited forensic nursing resources**, ensuring every region has access to trained examiners.

Emergency Preparedness: A regional approach allows **faster mobilization** of SANEs during crises or multiple incidents in a single region.

Centers for Training, Education, and Workforce Support

Building and Supporting the Forensic Nursing Workforce in Rural Oregon

Forensic Training and Mentorship:

Training for Local Providers: Hubs offer **in-person and online training programs** for local healthcare providers to become certified SANEs, enhancing the **capacity of rural healthcare systems**.

Peer Mentorship: Ongoing support and mentorship ensure that **new SANEs in rural areas** have access to expert guidance, making them feel supported and less isolated.

Continuing Education and Skill-Building:

Comprehensive Skill Development: Regular workshops, case reviews, and continuing education provided by hubs keep rural SANEs updated on **best practices and emerging trends** in forensic care.

Improved Confidence and Competence: Ensures rural nurses are well-prepared, reducing **staff turnover** and enhancing **job satisfaction** in challenging environments.

Scholarships and Workforce Development:

Financial Support and Incentives: Scholarships, grants, and incentives encourage rural nurses to **pursue SANE certification** and continue practicing in their communities.

Strengthening Local Healthcare Systems: By developing a well-trained forensic workforce, hubs support **sustainable and resilient care networks** in rural Oregon.

Expanding Forensic Care Beyond SANE Services

Inclusive Forensic Care for All Populations:

- **Beyond Sexual Assault:** Regional hubs can expand services to include **domestic violence, child abuse, elder abuse**, and other forms of interpersonal violence.
- **Comprehensive Care for Marginalized Groups:** Broader forensic services ensure that **all vulnerable populations** receive appropriate care and evidence collection.
- **Integrated Approach:** Hubs allow forensic care to be a **standard part of the healthcare response** to violence and trauma, ensuring survivors' needs are met holistically.

Sustainable and Robust Forensic Response:

- **Building a Sustainable Practice:** Developing comprehensive services creates a **sustainable model** that can evolve with the needs of rural communities, ensuring that all forensic gaps are addressed.
- **Improved Legal and Health Outcomes:** Ensuring **consistent and thorough evidence collection** across multiple types of violence strengthens community safety and promotes justice.

Flexible, Tailored Community-Based Response with Consistency in Care

1. Customizable to Each Community's Unique Needs

Locally Driven Responses:

Communities can tailor their forensic response based on their existing assets, resources, and unique populations.

- **Stand-Alone Facilities:** Where possible, a community can have a dedicated forensic clinic to handle local needs.
- **Contracted Facilities:** Smaller communities may partner with nearby hubs to contract forensic services and share resources.
- **In-House SANE Response:** Training local staff to provide in-house services ensures that even the most remote areas have support.

2. Ensuring Continuity and Consistency of Care

• Uniform Standards Across Regions:

Even with different models of response, a comprehensive model ensures uniform standards in care delivery, allowing each region to be equipped with the same protocols and training.

- **Consistent Quality of Forensic Services:** By centralizing education, training, and oversight, the model guarantees that every survivor receives the same high-quality, trauma-informed care without variation.

3. Balance Between Local Needs and Regional Coordination

- **Integrated Approach:** This model respects and integrates local needs while maintaining a standardized and seamless approach to forensic care.

- **Flexibility and Sustainability:** Allows for communities to adapt their response over time as they grow and develop, while ensuring a sustainable and robust network of forensic care across rural Oregon.



Community Collaboration—A Key to Success *Harnessing the Power of Partnerships*

- **Collaboration** between hospitals, law enforcement, advocacy groups, and community members.
- Creating **awareness campaigns** to educate the community on forensic services and reporting crimes.
- **Multidisciplinary teams** coordinating care, ensuring survivors receive timely and comprehensive support.
- Benefits: Shared resources, comprehensive support network, increased community awareness



Bringing it All Together

A Future for Forensic Care in Rural Oregon

Key Takeaways

- **Key Takeaways:**
 - **Current Gaps and Challenges:** Acknowledging the lack of local access, long wait times, and **unmet needs** in rural communities.
 - **The Impact on Survivors: Urgent need** for trauma-informed care, timely access, and support.
 - **Vision for a Comprehensive Regional Model:** Regional forensic hubs, telehealth services, mobile units, training, and expanded forensic care are **the way forward**.
- **Empowering Rural Communities to Lead:**
 - **Turning Challenges into Opportunities:** Rural Oregon has the capacity to transform these challenges into **innovative models of forensic care**.
 - **Investing in Collaboration and Infrastructure:** The importance of **regional partnerships, support for SANEs, and resource-sharing**.



Call to Action

It's Time to Act: Building Thriving Communities

Rural Oregon deserves the same quality forensic care as urban areas.



Let's commit to expanding forensic services through training, technology, and collaboration.



Help ensure that every survivor in rural Oregon gets the care and justice they deserve

Expand TeleSANE programs and regional hubs

Invest in continuous education and support for rural nurses

Build partnerships to create a network of forensic healthcare providers

Engage with local leaders to prioritize community health and justice

Next Steps: Turning Vision into Action

Collaborate For Change

Engage with local healthcare systems, law enforcement, community leaders, and advocacy groups to build regional support networks.

Advocate for regional hubs that support telehealth, training, and comprehensive care.

Invest In Training & Resources

Support SANE Training and Expansion: Encourage local healthcare providers to seek SANE certification and provide resources for their development.

Secure Funding for Regional Hubs and Mobile Units: Pursue grants, state funding, and local partnerships to build the necessary infrastructure.

Advocate For Policy & Programmatic Support

Raise Awareness: Educate policymakers, hospital administrators, and community members on the importance of forensic nursing and its impact on community health and safety.

Develop Trauma-Informed Protocols: Implement trauma-informed, survivor-centered protocols in all healthcare settings to ensure that every survivor receives the care they need.

Thank you!

Mei Pomegranate (Pronounced May; Pronouns: she/her)

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