



# **Building SANE Programs in Tribal Nations**

*A Guide to Offering Forensic  
Sexual Assault Response  
Services on Indigenous Lands*



**TRIBAL HEALTH**

**TRANSFORMING INDIGENOUS HEALTHCARE**

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# Introduction to SANE

In one week, the following patients arrive at a hospital on Tribal lands:

- A mother brings in her 10-year-old daughter, reporting suspected sexual abuse.
- A woman visits the emergency department after waking up with bruises and evidence of assault.
- A nurse notices physical signs of elder abuse during an older man's exam.

All of these patients have something in common: they require the services of a sexual assault nurse examiner (SANE), also known as a forensic nurse. Some may need treatment for sexually transmitted infections; some will require evidence collection to prosecute an abuser or attacker. All of them will need reassurance their body is healthy, as well as an examination by someone who has the advanced skillset to provide these services.

In most suburbs and cities, they'd have no problem obtaining those services. But on this reservation – like many other Native American reservations – SANE services aren't available.

That means the mother is told to drive her daughter three hours to the nearest facility that offers SANE care. But she has other children at home, no childcare, and her distraught daughter doesn't want to make the trip. The woman who woke up with bruises begins to convince herself that it would be easier to go home, shower, and forget this ever happened. The elderly man's physician arranges for a transfer, but the patient becomes confused and agitated about where he is being sent and why.

SANE services are important in every community - but because many facilities on Indigenous lands are remote, Native patients can face especially high barriers to obtaining compassionate, skilled care in their own communities.

**Abuse and sexual assault might not be commonly considered to be health disparities. But in high-risk communities that lack clinical resources, patterns of violence can reinforce health inequities.**

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Joy Martin, APRN, a Sexual Assault Nurse Examiner, is a trailblazer who has spearheaded SANE programs across multiple Tribal communities.

“Back in the day, a patient would disclose sexual assault and get sent to the ER, where a nurse or provider would open a kit, quickly read through instructions, and then move to the next patient,” said Martin, who is earning a doctorate in Nursing Leadership, Systems and Policy.

“Because these services weren’t always reimbursed, unless the exam was required by law enforcement, patients wouldn’t seek medical care. Although early intentions were good, this wasn’t a trauma-informed experience – so the recommendation became to have victims of sexual assault seen by a SANE nurse.”



**SANE stands for [Sexual Assault Nurse Exam](#). But most SANE nurses care for a variety of patients, such as people who have experienced:**

- **Sexual assault**
- **Intimate partner violence**
- **Strangling**
- **Child abuse**
- **Elder abuse**
- **Human trafficking**

**SANE nurses also assist law enforcement with suspect exams and blood draws.**

# SANE 101

SANE nurses are trained to provide specialized care, medical forensic examinations, and effective courtroom testimony. “Basically, it’s a very detailed head to toe physical exam,” Martin said. “We’re looking for signs of trauma. That includes a detailed genital exam and possibly evidence collection. If we see injuries, we take photographs, and document and measure them on our injury log which will go to law enforcement with a comprehensive written report.”

SANE exams should be able to assess for safety needs, safety planning, and any needed referrals such as for Traumatic Brain Injury (TBI) or behavioral health. Nurses can provide sexually transmitted infection testing and treatment, and guidance on seeking pregnancy and HIV tests, hepatitis panels and vaccines, and follow-up care for injuries.

Here are a few facts about SANE.

## **SANE nurses care for a variety of patients.**

Beyond sexual assault, nurses treat survivors of intimate partner violence, strangulation, child and elder abuse, and human trafficking. When law enforcement officers have custody of a suspect who needs an exam or blood draw, SANE nurses can often help with that too.

## **SANE exams are free.**

Patients can request a SANE exam without worrying about payment. There’s usually a victim compensation fund that covers the cost of associated medical services, such as x-rays. Patients do not have to file a police report to receive care.

## **The first priority is care – not evidence collection.**

“Our number one role is to take care of the patient’s health, safety, and emotional needs,” said Martin. “If we are able to collect evidence, that’s a bonus – but it’s not our number one role. And there are survivors who don’t feel comfortable reporting their assault to law enforcement and don’t want evidence collected. We want them to know their needs are just as important.”

## **SANE departments can offer full comprehensive nursing services.**

Martin’s department changed their name to the SANE Forensic Nursing Department to demonstrate they see all types of patients and offer a complete range of nursing services.



# SANE Shortages

As many as 80% of U.S. hospitals don't have sexual assault nurse examiners. Because most survivors have no way to know which hospital has SANE programs, they may need to visit multiple facilities to find care. Some are forced to choose between traveling to another state for an exam or foregoing evidence collection and care from a nurse trained in their issues – a difficult choice that can retraumatize them at a time when they're already feeling shocked, scared, and demoralized.

Because Indian Health Service is chronically underfunded, it can be tough to launch SANE programs and keep trained SANE nurses on staff. But there's another factor driving the lack of SANE programs: the national nursing shortage. Many nurses left bedside roles at hospitals during COVID, while others have gone on strike over compensation and staffing levels. Nurses who already work long hours, especially when covering others' shifts, can be reluctant to add more shifts to perform SANE exams on an on-call basis.

There's also been a lack of urgency when it comes to training, funding, and support for SANE programs. Rape kits can accumulate at crime labs and law enforcement agencies, with the rape kit backlog estimated to number between 90,000 – 400,000 in America. Survivors can wait years before receiving their test results.





## Innovating for Change

To combat these obstacles, some states are searching for ways to develop more sexual assault response programs and outreach. A few examples include the training programs and telehealth services in [South Dakota and Colorado](#).

But a nationwide seismic shift in sexual assault response services is long overdue.

“It’s going to take generational change,” said Martin. “It won’t happen right away but we are seeing improvements – and we know we’re headed in the right direction.”

Joy Martin began her SANE journey in 2017 while assistant nurse manager at San Carlos Apache Healthcare Corporation.

“There was an unfortunate incident in the community that pushed leadership to ask, ‘Why don’t we have a SANE program at our hospital?’” Martin said. “So I was asked to develop a program. I was happy to do so but I honestly had no idea what to expect and how extensive forensic nursing was. So I threw myself into it – and I developed a passion for it.”

Martin’s program included both training SANE nurses and making administrative changes. In 2019, she went to Gila River Health Care to help launch a SANE program. Within three months, Gila River was offering exams to pediatric patients; shortly after that, it expanded to all ages and types of assaults. Today Martin oversees the program at Gila River while serving as a mentor to San Carlos to help them build on the original SANE program.

# The Need for SANE in Tribal Nations

Martin named a few dynamics that heighten the need for SANE programs in Native communities. “All Tribal nations are unique, with a lot of differences,” she said. “But there are some patterns.”

## Higher Risk of Violence

56% of Native women have experienced sexual violence in their lifetime; 84% have experienced violence overall.

“I’m working on a doctoral project regarding strangulation and I’ve done an extensive literature review on sexual assault and intimate partner violence among Native women,” Martin said. “Even in 2023, there’s just not a lot of research in Native communities so it’s hard to know the scope of everything. But we’re pretty confident that we can say Native women are twice as likely to be assaulted or raped – as compared to other races, Native women have about 2.5 higher rates of intimate partner violence. When these assaults happen, they tend to have more life-threatening injuries.”

## Jurisdictional Confusion

Another vital difference between Tribal nations and non-Native regions is jurisdictional law.

“Tribal laws in general trump state laws and federal laws,” Martin said. “Even the age of consent may be different from one tribe to another. Tribes do have local police departments but depending on location, their cases may be covered by a county sheriff. Depending on the crime and the age of victim, they may be asked to involve the Bureau of Indian Affairs or FBI, so it can be a very multi-factorial response.”

## Lack of Resources

Martin says that only about 30% of Native land is within an hour’s drive to a facility that can offer SANE exams. That alone can present a significant barrier to care.

“Before we did exams here on patients, we were driving them to Phoenix. And if Phoenix services weren’t available, sometimes patients had to be driven to Flagstaff for exams and then driven home,” Martin explained, adding that while her current facility isn’t far from Phoenix, her previous facility was 3 hours from Phoenix. “Children would be driven to Phoenix for the exam and mandatory reporting and then driven back home. And we’re seeing these patients at the height of their trauma. It was quite an ordeal. Some people declined doing it at all. So there was a lot of retraumatization, as you can imagine. Today, a lot of our patients are grateful we’re here. They know we’re here for them.”



# Implementing a SANE Program

If your IHS or Tribally operated facility doesn't currently offer forensic nursing services, you can start a culturally appropriate SANE program that serves your community. The key: collaboration and administrative commitment.

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## Step One: Conduct a Needs Assessment

The first step to launching an effective SANE program in a Native community is conducting a needs assessment and talking to stakeholders.

“Find out the statistics, the current resources - where are patients currently being sent?” Martin advised. “Where are the barriers? Does it make sense to implement a new program at that facility or are they being sent to a facility 20 minutes away? If that's the case, perhaps the focus can be on providing cultural education to that nearby facility. Sometimes that is not an option and it makes more sense to offer services locally. Get those stakeholders to talk so you really understand where the gaps are. Then you can work toward a proposal and program to close gaps.”



## Step Two: Build a Multidisciplinary Collaboration

A large part of Martin's work is adult education and establishing relationships amongst members of a multidisciplinary team.

"That can include law enforcement, prosecutors, Child Protective Services, and different hospital departments," she said. "I learned early on if members of the team knew each other, they were more likely to collaborate better and we would have better patient outcomes. I tend to do a regular and consistent stakeholder meeting where we talk about successes and challenges. We've all been involved in community events such as information fairs, town halls, and talking to the community. We've also able to provide expert witness testimony for the prosecution."

*"Once you start a SANE program, the facility has to follow through – because once the community depends on your services, you have to be there for them."*

## Step Three: Lock in Commitment from Administration

Without a sustained commitment from administration, launching a program is a temporary victory. Trained nurses can leave facilities or experience burnout; staff shortages can reallocate resources.

"The challenge is keeping nurses proficient in their skills. So you have to have that commitment from administration," Martin said. "Once you start a SANE program, the facility has to follow through – because once the community depends on your services, you have to be there for them."

## Step Four: Talk to Other Communities

All Tribal nations are different – but the systems that support efficient SANE programs can be replicated to an extent across different regions and facilities. Yet Martin says that communication breakdowns make that modeling difficult.

“Something is missing in the field of forensic nursing – not everyone wants to talk to each other. It’s unfortunate because there’s no need to reinvent the wheel. We can talk to each other, we can learn from each other and share challenges and what’s working and our successes,” she said. “My goal is to be the premiere Tribal forensic nursing department, to set the standard for a framework of how Tribal communities can respond. I’m always happy to reach out to other communities and talk about what they’re missing and share policies and procedures.”

Martin is introducing an “AZ Tribal Forensic” meeting with SANE leaders in other Arizona Tribal communities - or leaders wishing to establish programs - to meet and collaborate. These meetings will focus on working together and sharing training resources and multidisciplinary educational presentations. She hopes to continue these meetings quarterly and to eventually include a separate AZ Tribal SANE peer review meeting where forensic nurses can present and discuss challenging cases.



# **7 Practices for Running an Effective SANE Program**

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## **1 Keep the patient experience front and center.**

Patient-centric care is especially important after an attack or abuse. Yet in a fast-paced clinical environment, busy staff are often focused on multiple tasks at once.

“Someone may put a patient in a room, close the door and wait for law enforcement because they’re afraid or don’t know what they can and can’t ask the patient. And sometimes they forget there’s a ‘person’ in that room,” Martin said. “So make sure you’re providing patients with comfort measures. Maybe they need a warm blanket. Talk to them, listen, and support them emotionally. Update them on what they’re waiting for. Provide an advocate if you have them at your facility.”

## **2 Expect unexpected patient reactions.**

Traumatized people can react to trauma in a variety of ways. Some of those reactions will be quite different from what is considered a “normal” response, including laughter or impassiveness or jokes. But that range of emotions and responses is actually typical.

“Remember, you are seeing the patient at the height of their trauma,” Martin says. “Support the patient across their different emotions. Sometimes people need a good sleep cycle to grasp what happened and make a good decision about how to proceed. If they decide to not report, support their decision. The more we support patients in their decisions, the more they will trust us to return for care down the road.”

### 3 Understand the cultural differences when working in Tribal communities.

Delivering respectful care on Indigenous lands means staying mindful of the patient's cultural background, traditions, and values. Some Native patients have experienced clinical discrimination; some distrust traditional medical systems. Building empathy and rapport means listening to the patient's preferences – especially when they are in trauma.

“There's a lot of historical mistrust, which is understandable,” said Martin. “You have to meet patients where they are. If your hospital has advocates, activate them early as they're a huge piece to the collaborative response. Emotional support is important.”

Also critical: “Recognize that many people in Tribal communities live in multi-generational households and perhaps that is where the assault occurred. It can be difficult for victims to seek medical care and it can be frightening for them to report; they may be afraid of bringing shame to their family or even fear retaliation.”





## 4 Protect confidentiality.

Privacy and discretion are always important for SANE patients. Because most Tribal nations are small communities, your SANE program should look for ways to ensure confidentiality.

That could mean using a confidential name for the patient or recording a confidential chief complaint. It could mean that instead of sending in a tech to get the patient's blood pressure and vital signs, the nurse can do it, which means there is one less person in the room throughout their care. It's also best if the nurse and provider can come in at the same time to minimize the number of times they will need to recount their story. Some EMRs have the capability of locking down charts that are sensitive. Another option: outside vendors that provide electronic medical records specific to forensic patients.



## 5 Support patients in their decisions.

Someone who's never experienced an assault can assume that every survivor wants to report their incident – and that they have a responsibility to do so. But as Martin points out, patients may have a number of reasons for staying silent. Honoring their choice is a way to respect their autonomy and power. This is extremely important after someone has experienced sexual violence.

“Not everyone is ready to take that step,” she said. “Trauma victims had their consent taken away – so it's important for us to find opportunities for us to give them their voice back.”

## 6 Learn evidence collection windows.

Evidence collection windows will vary from community to community. In pediatrics, evidence collection windows are usually 72 hours, while the window for adolescents and adults is generally about 5 days. When timelines are not clear, it is always best to err on the side of caution and collect evidence.

Forensic nurses can help patients understand how to preserve evidence, as well as educate law enforcement on what to expect. There are federal laws that allow adult women to have access to a free SANE exam regardless of evidence collection or law enforcement reporting. Check with your local Tribal jurisdiction to see if that also applies in your area.

"If a patient is reporting and wants evidence collected, it's important for them to minimize showering, changing clothes, and wiping when they go to the bathroom," said Martin. "That includes brushing teeth or drinking if there was an oral component to the assault."

SANE nurses can also educate both patients and law enforcement on the reality of sexual assault.

"It's important to know that most sexual assaults won't have any genital injury," Martin said. "SANE nurses can provide that education to a law enforcement officer – that lack of injury doesn't mean something didn't happen. It is also extremely empowering for a patient to hear their body is healthy; that no one in the future will look at their body and know something happened to them. This is especially important for teens and young adults to hear as they can harbor fears that their body is damaged."

# 72 Hours

is the typical  
pediatric evidence  
collection window

# 5 Days

is the typical  
collection window  
for most adults and  
adolescents

*"It's important to know that most sexual assaults won't have any genital injury. SANE nurses can provide that education to a law enforcement officer – that lack of injury doesn't mean something didn't happen."*





## 7 Understand mandatory reporting.

The Federal Child Abuse Prevention and Treatment Act mandates that each American state require certain individuals to report known or suspected instances of child abuse and neglect. This is known as mandatory reporting.

Any SANE patient under the age of 18 is a mandatory report in most Tribal communities, while adults can choose to report their incident or not. Jurisdictional law may differ between communities; it's important to make that call and ask law enforcement if you're not familiar with your particular area.

"Most jurisdictions define pediatric sexual assault victims as under the age of 12," said Martin. "With pediatrics, we want to be careful not to ask too many questions because they're going to get a forensic interview. That interviewer is trained to ask non-biased, non-leading questions and we don't want to influence that."

Martin noted that a patient's medical needs always come before their forensic needs – which means ruling out emergent medical conditions such as severe pain or bleeding. "And again, we want to provide some manner of comfort measures while the forensic process plays out."

# Building a Foundation of Compassionate Care

Given the historical trauma and health disparities facing Native American tribes, instituting SANE services in every Tribal community must be an intentional and urgent commitment. Violence won't be solved overnight – but healthcare professionals can work together to create dignified and compassionate forensic nursing programs for all survivors on Indigenous lands.

Does your hospital or community offer SANE services? Reach out to Tribal Health for more guidance and collaboration on creating trauma-informed pathways and resources - and let us know how our team can support your efforts.



From staffing to practice management to consultancy, Tribal Health brings culturally sensitive care and a kinder patient experience to every engagement.

If you're in search of sustainable healthcare change, let's talk about how we can work together to support healthier Native communities.

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