Introduction

- Sexual assault and domestic violence are one of the nations' most serious public health, legal, and economic problems, that impacts individuals at any age, gender, culture, or social standing.

- Sexual assault and domestic violence has devastating consequences on individuals, families, communities, and overall society.

Purpose

- To increase the awareness of emergency nurses, nurse practitioners, emergency physicians, and other health care professionals caring for domestic violence and sexual assault patients.

- To educate about the care of victims to provide comprehensive, sensitive and compassionate care, to collect medical forensic evidence, and provide expert testimony if the case goes to trial.

- To promote understanding for the important roles of the Forensic Nurse and the Sexual Assault Nurse Examiner, and expert witness, if their case goes to trial.
Overall Objectives

- Review Healthy People 2010 Objectives
- Define Nursing Practice
- Define Forensic Nursing
- Define Forensics & Forensic
- Discuss Forensic Nursing Subspecialty Role of the Sexual Assault Nurse Examiner (SANE) and certification requirements
- Discuss Texas Government Code (Revised1997) §420.031 Evidence Collection Protocol
- Review the Texas Board of Nurses: Rule 216.3

Overall Objectives

- Review indicators of abuse and sexual assault
- Review the National incidence of sexual abuse and domestic violence: 2005 Statistical Overview in America and the cost of crime
- Review National Workplace Violence
- Discuss Texas Sexual Assault Population In 2003
- Discuss Texas Nurse’s Research Study Victims of Domestic Violence
- Define domestic violence

Overall Objectives

- Define sexual assault
- Discuss Cycle Theory of Violence
- Discuss Rape Trauma Syndrome (RTS)
- Discuss key areas to do a focused nursing history and physical assessment
- Review the key signs and symptoms with abuse and or sexual assault
- Review key points for the medical/forensic exam
- Review a plan of Care-Culturally Sensitive
- Discuss evidence collection, injury documentation, and treatment plans
Goal: Reduce injuries, disabilities, and deaths due to violence.

15-34. Reduce the rate of physical assault by current or former intimate partners.

5-35. Reduce the annual rate of rape or attempted rape.

15-36. Reduce sexual assault other than rape.

Nursing Practice

Is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.
Definitions for Forensics & Forensic

Forensics is a noun “pertaining to law” specifically related to public debate in a court of law

Forensic is an adjective that is used in conjunction with a noun i.e. Nursing, Chemistry, Medicine, and Psychiatry

Forensic nursing can be defined as the application of nursing science combined with clinical nursing practice that intersects the legal system

Forensic Nursing

- According to the International Association of Forensic Nurses (IAFN) and the American Nurses Association (ANA), "forensic nursing is the application of forensic science combined with biopsychological education of the registered nurse, in the scientific investigation, evidence collection and preservation, analysis, prevention and treatment of trauma and/or death related medical legal issues."

Forensic Nursing

The Forensic Nurse’s role includes:
- Staff Nurse/Emergency Department Nurse
- Sexual Assault Nurse Examiner (SANE)
- Nurse Scientist
- Nurse Investigator
- Independent Consultant Nurse Specialist
- Expert Witness Testimony
Forensic Nursing

Some special populations served can include:
1) victims and/or suspects of random acts of violence
2) motor vehicle collisions
3) sexual assault
4) suicide
5) homicide intimate partner violence
6) elder/adult/child abuse

Forensic Nurse practice occurs wherever and whenever health care and the law interacts. Forensic nursing includes the following settings:
1) schools
2) correctional facilities
3) hospitals and clinics
4) community shelters
5) Legal arenas
6) Businesses
7) Industrial institutions
8) Health care and other human service environments
Forensic Nursing Subspecialty
Sexual Assault Nurse Examiner (SANE)

Is a registered nurse who has specialized education and clinical experience on the following topics related to local, legal, clinical, and follow-up issues for a sexual assault/rape patients must include:

- Multidisciplinary Team Concept
- Dynamics of Sexual Assault/Rape
- Sexual Criminal Justice
- Anatomy and physiology as it relates to sexual assault/rape
- Fact based documentation

Sexual Assault Nurse Examiner (SANE)

- Psychological aspects of sexual assault/rape
- Medical/legal forensic examination
- The role of the forensic examiner in the criminal justice system
- Medical management of sexually transmitted diseases, HIV, and pregnancy
- Referral services available for the patient

Sexual Assault Nurse Examiner (SANE)
National Certification Requirements

- A Sexual Assault Nurse Examiner can specialize in caring for adolescence/adult or children victims of sexual assault
- Certification requirements: RN license for 2 years, attend a SANE-A (Adult/Adolescence), and or SANE-P (Pediatric) 45 hour program recognized by the International Association of Forensic Nurses, sexual assault/rape supervised clinical experience, and pass the certification exam
- Certification and re-certification is sponsored by the International Association of Forensic Nurses to use the title SANE-A or SANE-P and issued by the Forensic Nursing Certification Board
Sexual Assault Nurse Examiner (SANE) Texas Certification Requirements

- The Texas Office of the Attorney General Crime Victim Services Division: Sexual Assault Prevention & Crisis Service Program, provides SANE programs for Adult, Pediatric, and Adult/Pediatric certification

- Requirements: RN with two years clinical experience, completed 64 hours of classroom education, up to 80 hours of clinical, and 16 hours observation of criminal court proceedings

Enacted By The Legislature Of The State Of Texas Senate Bill, 79th Regular Session No. 39

- Section 2, Subchapter G, Chapter 301, Occupation Code, is amended by adding Section §301.306 to the Board Of Nurse Examiners For The State Of Texas was passed by the Senate April 26, 2005 and amendment May 29, 2005

- At least 2 hours of continuing education Forensic Evidence Collection requirement for a license holder who is employed in an Emergency Department setting

Enacted By The Legislature Of The State Of Texas Senate Bill, 79th Regular Session No. 39

- Forensic evidence collection not later than September 1, 2008 or the second anniversary of the initial issuance of a license

- This act was implemented by the Texas Board Of Nurse Nurses For The State Of Texas September 1, 2005, by a non-record vote (Senate Bill voted Yeas 31 and Nays 0)
Texas Board of Nursing: Rule 216.3

- Proposed §216.3(6) specifically addresses requirements in Nurse Practice Act §301.306, Forensic Evidence Collection for all ER nurses by September 1st 2008
- In Texas, 2 hours of continuing education requirement (one time only) related to sexual assault evidence collection under the Texas Government Code §420.031 guidelines

Texas Board of Nursing Rule 216.3

- Continuing education must include age or population specific nursing education but not limited to documentation, history-taking skills, use of the sexual assault kit, survivor symptoms, and emotional and psychological support interventions

Texas Government Code § 420.031 - Evidence Collection Protocol

- The Evidence Collection Protocol is a 103 page manual designed to make the examination and collection of evidence, to be thorough, timely, and humane
- Physical evidence, identification, and collection has fallen to untrained physicians and nurses in the ER and pediatric units
- Few other criminal offenses require as extensive examination and collection of evidence as a sexual assault
- No other crime collects as much evidence from a live person (the person’s body is the crime scene)
The role of medical personnel in this process often can be the “KEY” to successful prosecution and can help promote early recovery for the patient.

National Incidence of Sexual Abuse 2005 Statistical Overview in America

Key Findings
- In 2003, there were 24.2 million criminal victimizations of people over the age of 12, of those 5.4 million were violent victimizations.
- Intimates perpetrated 19% of all violent crime against women, while men were more likely to be victimized by strangers than non-strangers.
- Teenagers (12 to 19 years old) were victimized at much higher rates than any other age group.

National Incidence of Sexual Abuse 2005 Statistical Overview in America

Key Findings
- Victims experienced 223,290 sexual assaults/rapes and 4.6 million physical assaults.
- In 2003, law enforcement agencies around the nation reported 11.8 million criminal offenses, of these over 1 million were violent crimes.
- Sexual assault cases in an Emergency department found that 12% of cases were identified as suspected drug-facilitated sexual assaults (DFSA).
National Domestic Violence

- In 2003, 10% (521,740) of violent crimes were committed by the victim’s intimate partner
- Women (19%) were victimized by intimate partners at a greater rate than men (3%)
- Women who have experienced any type of personal violence complained of a greater number of chronic physical symptoms than those not abused

Even though the last episode of violence occurred an average of 14 to 30 years earlier, these victims still present with life long chronic complaints

The risk of suffering from six or more chronic physical symptoms increased with the number of forms of violence experienced

National Same-Sex Domestic Violence

- In 2003, lesbians, gays, bisexuals, or transgender people (LGBT) experienced 6,523 incidents of domestic violence

LGBT victims:
- 48% were men,
- 36% women,
- 2% transgender, and
- 9% were not identified by gender

Reference
National Elder Victimization
- Almost 69,000 elderly age 65 or older were victims of non-fatal violent crimes
- Adult protective services reported 166,019 elder physical abuse and 1% involved sexual assault/rape
- 81% elder female sexual assault was by a caregiver, 78% by a family member, and 39% were sons

National Female Victimization
- Approximately 15%-20% of women will experience sexual assault/rape at sometime in their lives
- Women with mental and physical disabilities are raped and abused at the rate at least twice that of the general population
- Almost 25% of women were sexually abused by an intimate partner
- More than 40% of women were physically injured by an intimate partner

National Male Victimization
- Approximately 5-10% of all sexual assault/rapes happen to males
- One out of 6 males reported having unwanted sexual contact with an older person by the age of 16
- On the average males first experience with sexual assault/rape at age 10
- Males are mostly sexually assaulted by other males (50-75%)
- Sexually assaulted males over 80% never become adult perpetrators
National Workplace Violence
- In 2003, an average of 1.7 million violent victimizations are committed annually against persons on the job
- Men were the majority of workplace violent crimes except for sexual assault (females were victims in 80% of cases)
- 12% of workplace violence victims sustained injuries, yet more than 50% did not seek or receive medical care

National Cost Of Crime
- Crime is estimated to create $105 billion in medical expenses, lost earnings, and costs for victim services
- Factoring in the intangible costs, such as pain and suffering and a reduced quality of life, brings the total estimated cost of crime to $450 billion annually

National Victims of Crime and the Justice System
- Only 34% of the American public reports having a great deal of confidence in the criminal justice system as a whole
- 42% report some confidence
- 22% very little confidence
- 1% no confidence
National Consequences of Sexual Assault

- 25,000 American women will become pregnant following sexual assault and 22,000 could be prevented through the prompt use of emergency contraception
- Average cost per victim $87,000 per year and for the victim $5,000 out of pocket expenses

Texas Sexual Assault Population In 2003

- 1.9 million adult Texans (1,479,912 females and 372,394 male)
- 20% females verses 5% males
- 13% of adult Texans have been sexually assaulted at some point in their life
- Sexual assault affects all racial and ethnic groups (Anglos (14%) and Hispanics (10%)
- Texan females in all age groups are at risk: 9% before age 14, 14.7% between 14-17, and 10% 18 and older
- Texan females in all age groups are at risk: 9% before age 14, 14.7% between 14-17, and 10% 18 and older
Texas Sexual Assault Population In 2003

- Only 13% of victims report that they were under the influence of alcohol or drugs at the time of the assault
- 46% report that the perpetrator was under the influence of alcohol or drugs at the time of the assault

Texas Nurse’s Research Study
Victims of Domestic Violence

Dr. Susan Chaney & Dr. Oneida Hughes
Texas Woman’s University
Dallas, Texas

Focus of Research Study

Compared the rate of registered nurses who experienced domestic violence in the State of Texas to the national norms in 2005
Sample Size

- Potential subjects randomly selected from names provided by BNE in Texas
- Sample consisted of 200 RNs who responded to a mailed questionnaire

Research Instrument

- Demographic Data Form
  - Age range, educational background
  - Practice area, employment field, position type, employment status, race
- Assessment Questionnaire
  - Six Yes/No questions regarding experience with domestic violence

Research Setting

- Mailed questionnaires and cover letter
- Subjects completed the questionnaires
- Six minutes required to complete questionnaires
- 200 usable questionnaires returned
Study Findings

Demographic Results
- Husband
- Ex-husband
- Boyfriend/Fiancé
- Ex-Boyfriend/Ex-Fiancé

Demographic Data Results
Conclusion

The rate of emotional and physical abuse among Texas nurses is higher than the national averages in the United States.

Nursing Implications for Nursing Practice in Texas

- Many abused nurses keep their abuse hidden from supervisors
- Few nurses disclose that they are being abused
- Abuse evokes painful emotions that the nurse may not be ready to confront

Definition of Domestic Violence

The word violence comes from the Latin *violare*, meaning to violate, injure, or rape.

Domestic violence is an intentional use of force against another person that can cause a threat from neglect, psychological and/or physical injury.

These acts include: not meeting basic needs, emotional abuse, sexual assault, hitting, grabbing, scratching, punching, burning, strangulation, using weapons and even murder.
Domestic Violence

- The most common weapon involved in domestic/family violence was physical force through the use of hands, feet, fists and accounted for 77 percent of the reported cases.

- Is an all-inclusive epidemic and a major public health problem against those who experience it, witness it, and for health care professionals to recognize it.

Domestic Violence

- Violence may be viewed as a stressor that is a symptom of family dysfunction, have severe consequences for the individual, the family unit as a whole, and even their community.

- Consequences include: social isolation, violent crimes, erosion of the individual’s self-esteem, self-worth, spirituality, and children who experience violence in their environment are at higher risk for being abusers in their adulthood.

Definitions of Sexual Assault

- Sexual assault is primarily a crime of power and control.

- Impacts all people, regardless of age, sex, ethnicity, race, or economic status.

- Violent acts involving nonconsensual sexual activity: molest, rape, and sodomy.
Screening
What do you look for?

Indicators of Abuse and Sexual Assault
- Delay in coming for treatment
- Injuries not consistent with story
- Overbearing partner, fear of partner and others
- Repeated ER visits with physical complaints

Indicators of Abuse and Sexual Assault
- Lacking physical etiology after investigation
- Child abuse—children in the ER
- Poor medical care (old injuries)
Assessment

- Physical
- Psychological
- Emotional
- Psychiatric

Abuse and Sexual Assault Exam

- Life saving interventions priority
- History (from patient) to diagnosis and treat
- Head-to-toe assessment (trauma)
- Detailed genital exam (trauma)
- Collection of forensic evidence (evaluate)
- Individualized Care Plan (follow up)

Physical Signs and Symptoms

Abused and/or Sexual assault patient must be assessed and treated as a “Trauma Emergency” patient:

1) A sexual assault patient may not show any physical signs that an assault occurred, therefore it is vital to assess and evaluate

2) Sexual assault patients are hypersensitive to those who care verses those who do not
Physical-Signs and Symptoms

- Abrasions or scratches: anywhere on body
- Concussions, skull fractures or shaken adult syndrome
- Sprains
- Perforated ear drums
- Chipped or lost teeth
- Loss of hair

Physical-Signs and Symptoms

- Broken bones (wrist, rib, ring finger, jaw, clavicle, and cheek)
- Bruises: bilateral or multiple contusions to arms, legs, buttocks, breasts, chest, abdomen, head, eyes, lips, cheeks, neck, and back
- Burns: cigarette, scalding, and acid
- Cuts and Stab wounds: anywhere

Physical-Signs and Symptoms

- Internal injuries
- Abdominal pain: irritable bowel syndrome, chronic gastro-intestinal pain
- Chronic pain, headache, neck, back, hip, knee, and chest
- Detached retina
- Hyperventilation
- Substance abuse problems
Sexual-Signs and Symptoms

- Sexually transmitted diseases
- Miscarriages
- Chronic pelvic pain, vaginal pain, urinary tract infections
- Bruising or tearing of the vagina or anus
- Female genital mutilation
- Frequent pregnancies (when contraindicated or unwanted)

Sexual-Signs and Symptoms

- Early hysterectomy
- Sexually addictive behavior
- Infertility

Psychological-Signs and Symptoms

- Low self-esteem, self-degradation
- Self abusive-behavior
- Difficulty in forming and maintaining relationships
- Acute anxiety, phobias, flashbacks
- Frequent crying, passive, evasiveness
- Lack of appropriate boundaries
- Unusual or pronounced fear responses
Psychological-Signs and Symptoms
- Hypervigilance
- Chronic stress
- Uncontrolled or rapid anger responses
- Memory loss
- Loss of concentration and productivity

Psychiatric-Signs and Symptoms
- Depression
- Suicidal ideation
- Dissociation
- Eating disorders
- Rape Trauma Syndrome (RTS)
- Adjustment disorder with depressed mood
- Obsessive compulsive disorder
- Self Mutilation

Medical/Forensic Exam
The medical and forensic exam need to be in this order and together:

1) Have one eye on the “patient” and

2) The other eye on the “courtroom”, say nothing that you would not repeat in the court of law

3) Be a part of the solution not a part of the problem
Cycle Theory of Violence

- The Cycle of Violence often makes it very difficult for the abused to leave a violent relationship
- Tension Building
- Acute Battering
- Calming or "Honeymoon"

Cycle Theory of Violence: Victim’s Response

- **Tension Building**

Cycle Theory of Violence: Victim’s Response

- **Acute Battering**

- **Calming or "Honeymoon"**
  Agrees to stay or return. Takes partner back. Attempts to stop legal proceedings. Sets up counseling appointment for partner. Feels happy and hopeful
Rape Trauma Syndrome (RTS)

There are four phases to RTS:

1) Anticipatory Phase: immediately before the assault, aware of danger

2) Acute Phase: lasts from a few days to several weeks. The patient is experiencing disorientation and shock, these reactions are normal and common

Acute Phase has three reactions:

a) Expressed reaction: crying, screaming, laughing, joking, shaking, and pacing

b) Controlled reaction: numbness, feeling dirty, guilt, shame, fear, depression, anger, self-blame, difficulty concentrating, revenge

c) Physical Reactions: soreness, bruises, infections, fatigue, eating, and sleeping disturbances

3) Reorganization Phase: lasts months to years. Occurs when patient starts to resolve and integrate their experience. Duration varies due to individuals age, personality, and support system. May experience the following: lifestyle changes, nightmares, fears, STDs, pregnancy, trying to regain control over their life

4) Resolution Phase: has developed coping skills, to handle memories of the assault
Plan of Care - Culturally Sensitive

- Right to human dignity
- Ensure safety, privacy and confidentiality
- Deliver services in patient’s own language
- Allow for bilingual advocate to be present
- Respect cultural needs (e.g. Muslim patients)
- Obtain prior consent before collecting evidence (depends on age and/or law enforcement)

Interventions

- Arrange for treatment of life threatening conditions
- Provide psychosocial support to patient and refer to rape crisis center
- Offer prophylactic STD and HIV treatments
- Offer pregnancy prevention therapy within 72 hours
- Provide and discuss discharge instructions and the importance for follow up care

Evidence Collection and Treatment Plans
Injury Documentation

Three principles:
1) Location of injury
2) Measurement in centimeters (size)
3) Complete description of findings

Documentation can include: diagrams, body maps, and photographs

Injury Documentation (Blunt Force)

1) Abrasion: contact injury
2) Laceration: blunt force contact
3) Contusion/Bruse: blunt force contact
4) Fracture: blunt force
5) Pain: point tenderness location
6) Cut: injury from a sharp object

Documentation is “vital” and photographs are “supportive”

Evidence Collection

- Victim should remove clothing over a large piece of paper or a sheet. Keep the sheet from the ambulance stretcher
- Each piece of clothing should be placed in a separate paper bag and the items should be dry
- Note the condition of clothing and skin (stains, tears, debris)
- All foreign material should be carefully removed and placed in a labeled envelope and identify the location
Evidence Collection

- Evidence of trauma: all injuries should be carefully described using diagrams
- Follow instructions in the evidence collection kit to obtain samples: blood, hair, swabs from oral cavity, vagina, rectum, and skin
- Pelvic exam, if appropriate

Evidence Collection

- Documentation of subjective symptoms and objective findings
- Detailed History-taking (write in patient’s words)
- Perform forensic physical examination with a detailed genitalia (genital exam with no injury does not exclude sexual assault did not occur)

Evidence Collection

- Photographs may be taken (Polaroid, 35mm and colposcope for genitalia exam)
- Must describe genitalia anatomy in correct terms and frame of reference: 12 O’clock being toward the urethra, 6 O’clock towards the anus
- Use of evidence collection kits approved by UT Southwestern Forensics Science and follow the established protocol
Diagnostic Tests
- Pregnancy test
- HIV, Hepatitis B, Rapid plasma reagin test, ABO
- STD screening
- Wet mount (saline, KOH), wet prep for sperm mobility
- Swabs for acid phosphate and sperm
- Other lab test or radiographic studies if indicated

Female’s Evidence Collection Kit
- Paperwork
- 6 cotton swabs
- 3 swab boxes
- 4 envelopes for pubic hair, debris
- Brown bag for underwear
- Tube for mouth rinse
- 4 slides for mouth, vagina, and rectum
- 2 plastic seals

Female’s Evidence Collection Paperwork
Female’s Paperwork

Male’s Evidence Collection Kit
- Paperwork
- 4 cotton swabs
- 2 swab boxes
- 4 envelopes for pubic hair, debris
- Brown bag for underwear
- Tube for mouth rinse
- 4 slides for mouth, penis, and rectum
- 2 plastic seals

Male’s Paperwork
Male’s Paperwork

Toxicology Evidence Collection Kit
- Paperwork
- 1 purple top
- 2 grey tops
- 1 slide
- Bubble wrap
- Biohazard bag

Toxicology Paperwork
An Algorithm for the “Keys of Care”

- History is connected to the physical exam
- Physical findings are connected to the evidence
- Evidence is connected to the chain of custody
- Chain of custody is connected to the Forensic lab
- Forensic lab is connected the Police and the District attorney’s office
- District attorney’s office is connected to the legal proceedings and the trial

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http://www.presidentsharon.org/victims.php


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