SEXUAL ASSAULT
FORENSIC EXAMINER PROGRAM

OFFICE OF THE ATTORNEY GENERAL
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Objectives

• Health care needs of sexually abused elders

• Role of the SAFE in care

• The multidisciplinary approach in enhancing safety, and short and long term outcomes
Content

• History of the SAFE Program
• What is Forensic Nursing? A SAFE?
• Why Maine has a SAFE Program
• Role of the SAFE
• Medical considerations
• Consent issues
• Injuries
• The forensic evaluation and sex crimes kit
• Safety planning
SAFE Program
The Sexual Assault Forensic Examiner (SAFE) Program provides training and technical assistance for healthcare providers, primarily Registered Nurses, in the care of patients who have suffered sexual assault, and in the use of the Maine sex crimes kit for collection of evidence. This national model utilizes an interdisciplinary, community-based approach for the dignified and compassionate care and treatment of sexual assault patients.
When Started?

- 1998 with the Maine Coalition Against Sexual Assault
- 2000 – legislation creating program moved into Office of the Attorney General
- 2003 – Director Hired training begun
- Currently 150+ practicing SAFEs in Maine
What is Forensic Nursing?

Forensic Nursing
FORENSIC NURSING HISTORY

Forensic Nursing is a unique response to the epidemic of interpersonal violence.
FORENSIC NURSING

• Nursing: the diagnosis and treatment of human responses to actual or potential health problems. (American Nurses Association)

• The application of nursing science to public or legal proceedings – or,

Application of Nursing to Law civil or criminal
Forensic Nursing

Forensic Nurses provide compassionate patient care while also attending to the medico-legal implications during the care of the patient.
What is a Sexual Assault Nurse/Forensic Examiner?
Sexual Assault Forensic Examiner

A Sexual Assault Forensic Examiner is a health care provider who has been specially trained to provide comprehensive care for the sexual assault patient, who demonstrates competency in conducting a forensic exam, and has the ability to be an expert or fact witness in court.
So, Why Do We Have a Program?
Historically obstacles to the care of survivors of sexual assault included:

- Long waits without eating, drinking, urinating
- Multiple interviewers, examiners
- Inexperienced and reluctant examiners
- Interrupted exams
- Evidentiary documentation that could be rushed inadequate, or incomplete
- Inadequate time to meet patients’ needs
SAFE Program

Benefits:

• Minimizes disruption of care to other patients in the ED
• Allows more timely and consistently higher quality care for the survivor
• Improves consistency and quality of forensic evidence collection

Is the standard of care in the country.
ROLES AND RESPONSIBILITIES SAFE’s

- To Avoid Further Trauma
- Provide Sensitive and Compassionate Care
- Medical/Forensic Examination
- Promote Patient Safety
- Referral for Follow-up Care and Counseling; Community Resources
- Courtroom Testimony
Advantages of SAFEs

For Patients
Decreases wait
Patient Seen as Trauma Patient
Prompt, Compassionate Care
No Victim Blaming
Quality Forensic Exam
Can Identify Injuries
Great Documentation
Advantages ofSAFEs

For Emergency Departments
Patient receives timely care
Staff not called away from other duties
Provider has expertise and confidence
SANE takes less time than other providers
Credibility in Court
Advantages of SAFEs

For Law Enforcement
SAFE helps patient re reporting
Can discuss options re the legal system
Offer community support services
Creates relationship among LEO and Nurses
Assist with safety planning
Can perform suspect exams
Understands importance of chain of custody
Advantages of a SAFEs

For Prosecutors
Credible witness
Cooperative and available on short notice
Experiential data indicates increase in pleas
Aids in the evaluation of helpful evidence – impacts protocol development
Advantages of a SAFE

For Advocates

Partnership on behalf of patient/victim

Victims get care that support centers have been advocating for years

Presence of advocate increases patient satisfaction with hospital care.
Victims who seek care at facilities that lack SAFEs or other appropriately trained health care providers frequently are re-victimized and their immediate and long-term healthcare needs fail to be met.

What is Sexual Assault?
Continuum from unwanted touching, to penetration of a body orifice(s)
Sexual Assault is Trauma

• It is life altering

• The patient who has suffered sexual assault is seen as a trauma patient in the ED.

• The SA patient is treated the same way that any other patient who enters an emergency dept. i.e. physical trauma attended to, history taken, head to toe assessment, documentation.
Role of the Forensic Examiner

• In the sexual assault exam we are generally looking for trace evidence (hairs, fibers, etc) or biological evidence (blood and body fluids)

• During assault these materials may be transferred between the individuals – Locard’s Principle.

• It is the role of the forensic examiner to provide medical care and collect forensic evidence, not to determine guilt or innocence.
Roles the Forensic Examiner cannot fill "Did anything happen?"

• It is **common** that sexual assault can occur without visible evidence of trauma.

• The absence of findings does not indicate assault did not occur.

• The forensic examination is only one piece in the investigative process.
Medical concerns are often the PRIMARY reason the patient has come to the hospital

- It’s so sore down there, has something been hurt?
- Will I get pregnant?
- Will I get an infection?

Include plans to address these medical concerns early in your introduction to the patient and in your discussion of your role as a forensic medical examiner.
Medical Considerations

- Assessment and treatment of acute injuries and pain (including reassurance if no serious injuries found)
- Mental Health considerations
- Pregnancy Prophylaxis (age dependent)
- STD Prophylaxis
- Tetanus, Hep B, HIV PEP if needed
Indications for Immediate Medical Intervention

Include (not intended to be an exhaustive list):

- Injuries with uncontrolled bleeding
- Head injury and/or history of loss of consciousness
- Abdominal pain
- Cervical spine injury
- Strangulation

A Sexually Assaulted patient is a Trauma patient

Do attempt to prevent loss of evidence during acute evaluation and treatment
The Medical/Forensic Examination

Criteria for sexual assault forensic exam:

– Standard now is for modified exams up to **7 days** post assault; further out if extenuating circumstances.

– Patient grants permission and signs consent

– Collection can be “anonymous”
SAFEs & Elders

SAFEs are aware of and sensitive to the unique needs of elder victims of sexual abuse ie:

• body changes that occur with age
• Fragility of aging patients – physically and emotionally
• discomfort with talking about sexual issues
FNE and Elders

• FNE knows where to look for and identify injury
• Is aware of the challenge of identifying inflicted injury vs. traumatic injury
FNE & Elders

• Feelings of shame
• Fear of retaliation or abandonment
• Reluctance to undress and show injury or to talk about it
Elders and Consent

Raises ethical issues if:

- (suspected/confirmed) cognitive impairment
- Guardian refuses to give consent for care
- Vulnerability to undue influence
- Need for a witness to assure absence of coercion (APS caseworker, another health care provider)
- FNE aware of refusals by caregivers/family suspected of causing abuse/neglect
Forensic Nurse & Elders

- Mandated Reporting
- Recognize signs/symptoms of abuse and/or neglect
- Observation of family members/caregivers during patient encounter
- Evidence collection and preservation
- Documentation of findings (photos, medical record)
Forensic Nurse and Elders

- Is comfortable as part of a larger team providing patient centered care
- Knows community referral sources
- Safety Planning as appropriate
Forensic Nurse and Elders

- Nurses are able to focus on the patient’s strengths, less on disabilities or impairments
- Have strategies for communicating with pts.
- Aware of cultural issues and aging issues
- Able to take a comprehensive history --- from patient, family, caregiver
- Skilled at assessment for s/s of abuse/neglect
Let’s Cover Sexual Assault/Abuse
In our society we all too often judge the seriousness of a sexual assault/abuse case to the level of physical injury.
Most often there is no physical injury.
Common Injuries & Sites

- Strangulation – bruising, tenderness, hoarseness, difficulty breathing
- Bruises
- Grab marks
- Ano-genital injuries
- Bite marks
Types of Sexual Abuse

- Gross Sexual Assault
- Unwanted touching
- Being forced to watch porn
- Forced to sit naked
- ‘Trafficked’ to friends for sex
- Drugged or given alcohol
- Unsupervised offenders in long term care facilities having access
Legal Considerations for Forensic Nurses
Compulsion

• “...the use of physical force, a threat to use physical force or a combination thereof that makes a person unable to physically repel the actor or produces in that person a reasonable fear that death, serious bodily injury or kidnapping might be imminently inflicted upon that person or another human being.

• 17-A M.R.S.A. section 251 (1)(E)
• “‘Compulsion’...places no duty upon the victim
to resist the actor.”

• 17-A M.R.S.A. section 251 (1)(E)
Hearsay Evidence

Health care providers may be allowed to testify in court regarding history obtained in the process of medical assessment, including the sexual assault evaluation.

Many statements the patient says that the provider documents are allowable.

A well documented history is critical.
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The Examination

Triage (calls SAFE and Advocate)
Assess For and Treat any Injuries
History
Head to Toe Assessment
Collection of Swabs/Evidence
Documentation in the Medical Record
Discharge Planning
The Medical/Forensic Examination

Criteria for sexual assault forensic exam:

– Standard now is for medical/forensic exams 5 - 7 days
  Further out if extenuating circumstances SAFE can assess

– Patient grants permission and signs consent

– Collection can be “anonymous”
Consent

- Consent for treatment in the ED
- Consent for forensic evidence collection
- Consent for forensic photography
- Consent to release information to law enforcement vs. do an anonymous kit
- Consent to release information to primary care provider
Medical History

• Current meds and medication allergies
• Past medical history
• History of Tetanus and Hepatitis B vaccinations.
• Physical discomfort since assault
Medical Treatment

• Pain control
• Nausea and Vomiting Treatment
• Mental health – assess need for more intensive crisis support, evaluate for suicidal risk, clarify that the patient has a safe destination for discharge.
• Sexually Transmitted Disease Prophylaxis
Long-Term Sequela

- Depression (33%)
- Drug/alcohol use
- PTSD (33%)
- 13 times more likely to attempt suicide
- Follow-up and resources are critical
The Sexual Assault History
Components of Assault History

- Date/time of exam
- Since the assault has the patient:
  - Bathed/showered
  - Douched
  - Brushed teeth
  - Eaten
  - Had anything to drink
  - Changed clothes
  - Urinated
  - Defecated
  - Vomited
- Name, birth date, sex
- Consensual sex in last 72 hours?
- Did patient smell, hear, taste, see anything
- Date and time of assault
- Place of assault
- Physical surroundings
- Number of assailants
- Description of assailants
- Did she resist; how; perpetrator’s response
Patient History

Description of sexual acts demanded/performe:
body contact; oral; genital; anal; licking; kissing;
penetration or attempted penetration

Ejaculation? Where?

Lubricants

Condom

Injuries inflicted
Patient History

Use of threats, restraints, physical coercion
Use of weapons; type
Pain
Assailant injured?
Known or suspected ingestion of drugs/alcohol
Loss of consciousness/memory loss
Alcohol/Drug Facilitated Sexual Assault

SAFE will collect blood and/or urine for testing

Timing is important – drugs are excreted quickly
### Steps in Collection
More if blood/urine collected for DFSA

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Swabs</td>
<td>Pubic Combing</td>
</tr>
<tr>
<td>Nasal Swabs</td>
<td>Known Pubic Hair Sample</td>
</tr>
<tr>
<td>Fingernail clippings/swabs</td>
<td>Genital/Penile Swabbing</td>
</tr>
<tr>
<td>Known DNA/buccal swab</td>
<td>Anal Swabs</td>
</tr>
<tr>
<td>Known Head Hair</td>
<td>Vaginal Swabs</td>
</tr>
<tr>
<td>Foreign Material</td>
<td>Cervical Swabs</td>
</tr>
<tr>
<td>Debris</td>
<td>**Additional/Miscellaneous</td>
</tr>
<tr>
<td>Dried Secretions</td>
<td>Urine</td>
</tr>
<tr>
<td></td>
<td>Blood</td>
</tr>
</tbody>
</table>
Additional Evidence

• Bedding
• Unwashed clothing (underwear)
• Crime scene
• Investigative interviews
• Witnesses
• Chain of custody of evidence
• Labeling and sealing evidence
• Turned over to law enforcement
Unconscious Patient

• Determine your hospital policy
• Collect evidence – anonymously
• Use modified exam as needed
• Gain consent when/if patient regains consciousness
• Have support center advocate present when talk to patient about collection
• Explaining to family...standard procedure
Where does the kit go?

• If the patient is reporting to law enforcement, the law enforcement agency with jurisdiction at the site of the assault assumes custody of the kit.

• Anonymous kits go into the custody of the law enforcement agency with jurisdiction at the site of the exam.

• Anonymous kits must be stored for at least 90 days, during which time the patient may decide to formally report.
Billing

• Neither the survivors of sexual assault nor their insurance companies can be billed for services associated with the sexual assault forensic examination, whether the assault is reported or not. (It is against the law.)

• All billing for these services must go through the Victim’s Compensation Board.

• Claim form is found in the Maine State Sex Crimes Kit.
Billing, continued

• Sex crimes kit must be used and charged for or the Victim’s Compensation Fund will not reimburse.

• Reimbursement for up to $750. Balance cannot be billed to the patient or their insurance.

• Treatment not related directly to the sexual assault exam may be billed after clearance through the Victim’s Compensation Board.
Safety Planning

• Patient driven if possible; ongoing

• **PREVENTION** of future incidents; PFA; moving to another residence; removing weapons; referral to home health/public health nursing

• **PROTECTION** – if DV, methods to protect self; having an escape plan; seeking shelter in home or out of home; working phone
Safety Planning

**NOTIFICATION STRATEGIES** – who to seek help from and how; cell phone; security system; code words with safe family members

**REFERRALS**: sexual assault or domestic violence advocacy services; APS; criminal justice; home checks by law enforcement; aging networks; faith/community organizations;

**EMOTIONAL SUPPORT**: decrease isolation; support groups; music/reading/other hobbies
Safety Planning

Always available is admitting the patient to the hospital...

Enlist help of non-offending family members
If you want others to be happy, practice compassion. If you want to be happy, practice compassion.

Tenzin Gyatso, 14th Dalai Lama (1935 - )