The Examiner

ICIAFN and Indiana Chapter of ENA Forensic Committee

Quarterly Newsletter– January 2015

This Edition:

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Happy New Year!

We are delighted, grateful and honored to have you on our teams and engaged! We know many of you have extremely busy home and work schedules. We wanted you to know that your involvement in these programs and line of work is what makes us great!

With everyone's efforts we have made great accomplishments! There once was a time when forensic nursing was an unheard of field. Through the hard work of past and present Indiana forensic leaders, forensic nursing is now an established field! Look at a couple of things we have accomplished so far. The ICIAFN chapter has been up and running since the mid-90s! The Indiana ENA Forensic Committee has been around since 2010, and this Examiner is heading into its 2nd year running! Through the 2015 year, we look forward to seeing what additional things our groups together can achieve!

With our combined efforts, we aim, this year among other activities, to provide a means for open, free flowing communication, networking and dialogue among all of us. And remember, while we encourage membership to the International Association of Forensic Nurses, it is not a prerequisite in order to be engaged in the conversation nor take part in the chapter meetings (as a non-voting member). Everyone is welcome!!

Thank you for being here and for all your support! Together we shall continue!

"You're off to great places! Today is your day! Your mountain is waiting, so get on your way!" - Dr. Seuss

Lets Make 2015 Great!
Jill and Michelle

Please let us know if there are others who would like their name added to the email distribution list at ChooseICIAFN@gmail.com

Our 2015 Board Members!

(Bios and Photos Next Issue)

ICIAFN President

Michelle Resendez

ICIAFN President Elect

Cheryl Querry

ICIAFN Secretary

Gena Demuth

ICIAFN Treasurer

Caroline Fisher

ICIAFN Immediate Past President

Holly Renz

ICIAFN Director at Large

Angela Mellon

IN ENA Forensic Committee Chair

Jill Castor

Article of Note: (Abstract)

"Non-cutaneous Conditions Clinicians Might Mistake for Abuse"

Objective

To determine the frequency of non-cutaneous mimics identified in a large, multicenter cohort of children evaluated for physical abuse.

Methods

Prospectively planned, secondary analysis of 2890 physical abuse consultations from the Examining Siblings To Recognize Abuse (ExSTRA) research network. Data for each enrolled subject were entered at the child abuse physician's diagnostic disposition. Physicians prospectively documented whether or not a 'mimic' was identified and the perceived likelihood of abuse. Mimics were divided into 3categories:(1)strictly cutaneous mimics, (2)strictly non-cutaneous mimics and(3) cutaneous and non-cutaneous mimics. Perceived likelihood of abuse was described for each child on a 7-point scale (7=definite abuse).

Results

Among 2890 children who were evaluated for Physical abuse, 137(4.7%) had mimics identified; 81 mimics (59.1% of mimics and 2.8% of the whole cohort) included non-cutaneous components .Six subjects (7.4%) were assigned a high level of abuse concern and17(20.1%) an intermediate level despite the identification of a mimic. Among the identified mimics, 28% wereclassified as metabolic bone disease, 20% hematologic/vascular, 16%infectious, 10% Skeletal dysplasia, 9%neurologic, 5%oncologic, 2% gastrointestinaland10%other.Osteomalacia/ osteoporosis was the most common non-cutaneous mimic followed by vitamin D deficiency.

Conclusions

A wide variety of mimics exist affecting most disease categories. Pediatric care providers need to be familiar with these conditions to avoid pitfalls in the diagnosis of physical abuse. Identification of a mimic does not exclude concurrent abuse.

Metz JB, Schwartz KA, Feldman KW, Lindberg DM, for the ExSTRA investigators. Non-cutaneous Conditions Clinicians Might Mistake for Abuse. Arch Dis Child 2014; 99:817–823. doi:10.1136/archdischild-2013-304701823.

If anyone would like this article contact Barb Bachmeier at barbra.bachmeier@gmail.com.

Rape Culture

What is "rape culture"? Does it exist? If so, how can we fight it?

Even though the term, "rape culture" has been around since the 70's, it has gotten a lot of attention lately, particularly in context with the prevalence of college sexual assault. Generally, it is seen as a pervasive tolerance of sexual violence. Even in a society that proclaims to be intolerant of rape, we see daily examples where rape and men's violence against women is trivialized, normalized, or made fun of. I would argue that rape culture does exist. Recently, an article at everyday eminism.com provided examples, here are a few:

- *Pop music that tells women "you know you want it" because of these "blurred lines" (of consent).*
- *A judge who sentenced only 30 days in jail to a 50-year-old man who raped a 14-year-old girl (who later committed suicide), and defended that the girl was "older than her chronological age."*
- *Mothers who blame girls for posting sexy selfies and leading their sons into sin, instead of talking with their sons about their responsibility for their own sexual expression.*
- *Victims not being taken seriously when they report rapes to their university campuses.*
- *Rape jokes – and people who defend them.*
- *Sexual assault prevention education programs that focus on women being told to take measures to prevent rape instead of men being told not to rape.*

http://everydayfeminism.com/2014/03/examples-of-rape-culture/

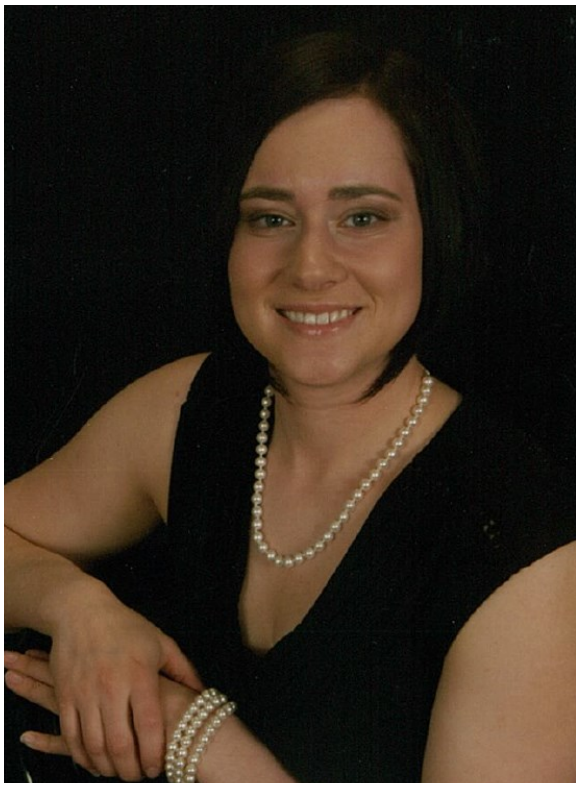
So, if rape culture exists, how do we fight it? We all can in small ways. As my son returned to high school after winter break, I attempted to educate him regarding a recent incident at his school. Just prior to break, a teacher at the school was fired for inappropriate behavior with a student. Rumors were rampant. My advice to my son, in anticipation of jokes he might hear from fellow students that day, was to courageously tell others that it wasn't funny. My kids have heard me say thousands of times what victim blaming is and why it is wrong. They still do it. Not in any overt or purposely hurtful way, but there are the comments about the student who was raped on my daughter's college campus: "Why was she walking alone on campus at night?" and the comment regarding the incident at the high school: "She's old enough to consent." So, I confront it every time. I also point out to them when advertising objectifies women, or how local restaurants that emphasize women's body parts contribute to an environment where women are seen as objects and therefore transformed into bits and pieces available for men's pleasure.

Every day there is something that I can do to fight rape culture. But how can the community come together to create an environment where that attitude is not tolerated and everyone is confronting those subtle (and not-so-subtle) ways our society supports violence against women? Because the urgent comes before the important, we have often described our work as meeting the urgent needs of victims, at the sacrifice of the important work of prevention. At Prevail, we are looking for ways to prioritize prevention and generate a community-wide intolerance for domestic violence and sexual assault. Will you join us?

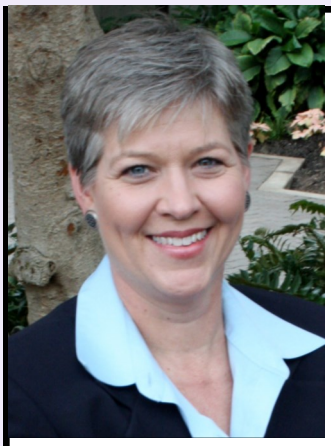
Written by: Susan Ferguson, Executive Director, Prevail, Inc.

Meet Floyd Memorial's New SATC Director!

Donna Morgan



Donna Morgan became the new Forensic Program Coordinator at Floyd Memorial Hospital beginning early October of 2014. Donna previously served 9 years in the Army and Indiana Army National Guard. During that time she completed the Army's Sexual Harassment /Assault Response and Prevention training program. She became her unit's sexual harassment/ assault preventions educator/coordinator where she would educate troops on the topic as well as assist those who may have been assaulted on or off duty. She then went on to earn her Bachelor's of Science in Criminal Justice degree from Indiana University Northwest in May of 2011. After graduating she obtained a position as a correctional officer with the Indiana Department of Corrections at Indiana Sate Prison. Donna was promoted to Youth Services Instructor where she worked as a drill instructor at an all male juvenile boot camp facility. She decided after working in both settings both with the victims of crimes and the perpetrators of crimes that she had a passion for working with those who have been victimized. " I just feel as though we work for years on the rehabilitation of perpetrators (offenders) and fund a lot of resources for those individuals as well as ensuring they go through the criminal justice process with as much understanding as possible of their rights, yet we spend only hours with the victims and struggle to fund programs and resources for them, and they are often left confused and with no true understanding of their rights as a victim." Although she advocates for the proper collection of evidence and truth seeking she is thrilled to have an opportunity to impact the way a victim feels after an incident occurs. Floyd Memorial Hospital's Forensic Program is expanding and with the excellent performances of the forensic nurses and many great futuristic ideas/plans they hope to become a leading resource in Southern Indiana for the collection of evidence, medical treatment to those who have been the victim of any type of violent crime, create community outreach programs and become part of a multidisciplinary team to provide many great resources to the southern Indiana Community. She is thrilled to be a part of a team where across the state there are so many who have vast experiences and a wealth of knowledge.

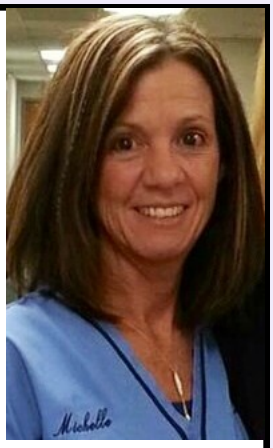


Legally SANE

By Michelle Ditton, RN, SANE-A, SANE-P

&

Laurie Gray, JD



Question: I've been reading how colleges across the country are moving from "No Means No" to "Yes Means Yes" policies regarding sexual assault. What's the real difference, and what might "Yes Means Yes" look like in Indiana? How would it affect my practice as a SANE?

Laurie's short answer: The difference is that instead of assuming that everyone wants to have sex with you until they say "no," you have to assume that no one wants to have sex with you until he or she says "yes" (i.e. consent).

The current state of the law in Indiana is that if a person (the victim) is able to consent to sexual conduct, then another person (the defendant) must use or threaten to use actual physical force for unwanted sexual conduct to be rape. IC 35-42-4-1 defines rape this way:

"A person who knowingly or intentionally has sexual intercourse with another person or knowingly or intentionally causes another person to perform or submit to other sexual conduct (as defined in IC 35-31.5-2-221.5) when: (1) the other person is compelled by force or imminent threat of force; (2) the other person is unaware that the sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) is occurring; or (3) the other person is so mentally disabled or deficient that consent to sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) cannot be given;
commits rape, a Level 3 felony.

IC 35-31.5-2-221.5 defines "other sexual conduct" as an act involving: (1) a sex organ of one (1) person and the mouth or anus of another person; or (2) the penetration of the sex organ or anus of a person by an object.

Whether or not the victim consented or even said "no" is irrelevant under Indiana law as long as the victim was old enough to consent and conscious. "Yes means yes" seeks to change the presumption of consent to a presumption that people do NOT want to have sex with every person they meet. Every person that I come into contact with should assume that I do not want to engage in sexual activity with him or her unless I clearly communicate that desire and we agree that it's something we both want to do.

Legally SANE Continued…

We conduct every other area of our business and personal affairs in this way. Suppose you said you liked my shoes. It would still be illegal for me to take $100 from your wallet without your consent and leave you my shoes in return. We have to talk about the transaction and agree upon the terms, and we're all comfortable doing this. Except when it comes to sex. We are conditioned as children that we should NOT talk about sex, even as we're inundated with sexual messages for the purposes of marketing and entertainment.

Colleges are an excellent place to educate people on how to talk about sex in a meaningful way and establish healthy boundaries in intimate relationships. For this reason, I applaud every university that has committed to the "Yes Means Yes" policy. Too often young men assume that the answer is "yes" until she says "no," while young women assume that the answer is "no" until she says "yes." The law sides with the aggressor, and society blames the victim. Universities can and should raise awareness, provide accurate information, and empower students to move beyond the ambiguity of silence and create a world of mutual respect and communication.

This does not mean universities should become criminal investigators and prosecutors or that defendant's somehow lose their constitutional presumption of innocence in criminal proceedings. Changing the element of "by force" to "without consent" does nothing to undermine defendants' constitutional rights and everything to recognize the basic human dignity of every potential victim. The difference between "force" (No means no) and "without consent" (Yes means yes) is that juries would no longer be required by law to presume that victims consent. Defendants would no longer be entitled to assume that everyone they meet wants to have sex with them.

What is the most natural response to any assault? Fear. And how do people typically respond to fear? One of three ways, all equally human: fight, flight and frozen fright. Frozen fright assists the rapist who takes a victim by surprise or preys upon someone who might be too afraid to physically fight off the attack. Flight also undermines the element of force because if the victim was able to get away, then obviously the defendant did not force them to submit. The only reaction that supports prosecution where force is an element of the crime is FIGHT, and that requires the victim to provoke the perpetrator's use of force and risk serious bodily injury or even death.

If someone comes up to you holding a hand in a pocket in such a way as to look as if there is a gun pointed at you and orders you to give him your wallet, it's robbery whether or not there really was a gun. If his objective is rape rather than robbery, then you have to fight back and risk being shot. The law would never presume you want to give him your money the way it presumes that you want to have sex with him.

Legally SANE Continued…

Many states already have "without consent" rather than "force" as an element of rape and sexual assault. In December 2011, the FBI changed its definition of "rape" for reporting purposes from "the carnal knowledge of a female forcibly and against her will" to "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." Defendants are still presumed innocent, and prosecutors must prove that the victim did not consent beyond a reasonable doubt.

I'll let Michelle address the potential effect on your practice as a SANE.

Michelle's short answer: I don't foresee this law impacting our standard of care. As always, the medical history will remain the most important component in formulating our diagnosis and treatment.

Let's talk first about our current practice. During and after obtaining a medical history we inform and educate our patient about the process. So many of our cases will never see a court room because of how the current law reads. So we may have a conversation something like this: " I want you to know I believe you were sexually assaulted because you never discussed having sex with him. But, I need you to know that in Indiana the prosecutor has to prove force, threat of force, or inability to consent. You said, 'He raped me. He forced me to do it.' Tell me about what you mean by he forced you, what happened, what did he do, and how he forced you so I know where to look for injuries and check for point tenderness. Also, if you see a bruise after you leave here, I want you to call and come back in so we can photograph it."

All the while, I'm reassuring them that it's not uncommon for there to be no visible injuries, and that no injuries doesn't mean it didn't happen. So many of our patients are in total disbelief that the suspect isn't going to be arrested and charged immediately. When they hear that the crime may never be charged in cases without compelling evidence of force, these patients (and their families) are often devastated.

The idea behind "Yes Means Yes," is for two people to make an affirmative and conscious decision to engage in mutually agreed upon sexual activity. And the consent must be continuous, meaning you can stop anytime, change your mind, and just because you said yes to one thing doesn't mean you have consented to anything else. "Yes Means Yes" would not change anything with patients who are incapacitated due to drugs or alcohol, because these patients cannot consent. We are already very careful to record the history in the patient's words, but it would be crucial to document the actual words of the patient and suspect in our charts. Any words or actions that might suggest a lack of consent would be equally as important as evidence of force or the threat of force.

Legally SANE Continued…

I don't foresee any change in the actual injuries that we would see. Those who tried to fight off the offender will likely still have the most injuries, especially defensive injuries. Patients who complied because they felt threatened, feared for their safety, or the safety of someone else may have fewer injuries, and no visible defensive injuries. But, we must remember that minor injuries to the genital area may also be present in consensual sex. Still, multiple or serious physical and/or genital injuries are very uncommon in a caring and loving relationship.

A final thought: As Jaclyn Friedman, co-editor of "Yes Means Yes" stated so eloquently, "'Yes Means Yes' isn't so much to educate rapists out of raping, but to create a baseline for good sex, which only makes sexual assault all the more obvious. Misunderstandings are the exception and not the rule. The vast majority of rapists are not confused as to whether or not they had consent. 'Yes Means Yes' stops making excuses for those guys."

By Michelle Ditton, RN, SANE-A, SANE-P & Laurie Gray, JD

2014 Fall Forensic Conference Successful!

One hundred nurses from around the state convened for the 2014 Fall Forensic Conference in Indianapolis. The conference was a joint venture between the IN Chapter of the IAFN and the state ENA's Forensic Committee. A committee of fifteen IN Chapter members worked diligently throughout the year to bring a full day of educational offerings and networking opportunities to their fellow colleagues. One of the highlights of the day was the keynote address presented by Claudia Bayliff, JD titled Raped or Seduced, the Language We Use when We Document. The day ended with a wine and cheese reception and a well-attended IN Chapter IAFN Meeting.

Plans for the 2015 conference will begin very soon and if you would like to serve on the 2015 committee please contact Michelle Resendez at Michelle.Resendez@franciscanalliance.org or Holly Renz at hrenz@ecommunity.com.

IU Health's Beth's Legacy of Hope Program

The tragic death of Beth Stayer at the hands of her ex-husband reinforces the message that domestic violence can happen to anyone. Stayer, a Labor & Delivery post-partum nurse at IU Health, was brought to Methodist Hospital after sustaining her fatal injuries. Her death affected many more than those who knew her. Beth's story brought to light the fact that we, as healthcare providers, are at higher risk for domestic violence due to our compassionate nature.

Following Beth's death, the hospital's forensic nurses brainstormed about how to get more training to their co-workers regarding the issue of domestic violence. Beth's Legacy of Hope was created by the Emergency Medicine and Trauma Center team members with a goal of educating fellow staff about the importance of recognizing and understanding the complicated cycle of domestic violence. Through a grant from the Methodist Health Foundation, more than 2,000 IU Health team members have participated in this training. It is currently part of all new RN and ancillary staff orientations at the Academic Health Center. Incidentally through the anonymous survey that is administered with the trainings, we have discovered approximately 22.2% of staff report that they are currently in or have previously been involved in a domestic violent relationship. This number can sometimes be as high as 35%. This indicates out of IU Health's 25,000 employees approximately 5,550 are currently or previously experiencing domestic violence.

Employees are more aware of domestic violence and the importance of screening our patients. IU Health has started to require all affiliated facilities to screen patients for safety. With this movement, we are getting more disclosures from staff reaching out for help, and have been able to assist in providing supportive services. This reinforces the idea that IU Health is a safe haven for anyone in need. Through this training, the culture and environment of IU Health has changed in hopes of protecting not only our patients, but our staff.

For more information about Beth's Legacy of Hope Program or for training, contact Jill Castor at jcastor@iuhealth.org.

2015 IN ENA Meeting Schedule

Time: Forensic Committee starts at 1100 & State Council starts at 1200

Location: Marriott East

February 26th

April 16th

June 18th

August 20th

October 15th

December 17th

2015 ICIAFN Meeting Schedule

To Be Announced….

More Information to Come!

What's Coming Up…

Conferences

Feb. 24-27 Advanced Course on Strangulation Prevention—Fort Worth, TX

By National Family Justice Center Alliance (Great for teams of FNEs, LE, Prosecutors, and Advocates!)

Mar. 19-21 Health and Domestic Violence Conference—Washington, DC

April 7-9 End Violence Against Women International—New Orleans, LA

May 13-15 8th Annual Forensic Investigations Conference—Kansas City, MO

May 17-19 National Domestic Violence Fatality Review Conference—St. Petersburg, FL.

May 20-21 Health and Human Trafficking—Marion, Indiana (Wesleyan University)

Webinars

- Battered Women's Justice Project—www.bjwp.org (Archived)
- NIJ Online Course in Death Investigation—www.forensicnurses.org

To Sign up for free webinars:

http://www.nationalcenterdvtraumamh.org/newsletter-sign-up/

https://www.nttac.org/index.cfmevent=trainingCenter.traininginfo&eventID=800

https://ta2ta.org/events/webinars/ncall.html.

Handy Resources…

www.iafn.org International Association of Forensic Nurses

www.indianaena.org Emergency Nurses' Association – see forensic page

www.icadv.org IN Coalition Against Domestic Violence

www.evawintl.org End Violence Against Women-International

www.facebook.com/aequitasresounce AEquitas

www.nsvrc.org National Sexual Violence Resource Center

www.forensichealth.com – Forensic Health Care Online

Build Your Forensic Library

Please go to www.forensichealth.com.

It is a great place to pull articles or go for references!