The Examiner

ICIAFN and Indiana Chapter of ENA Forensic Committee

Quarterly Newsletter– April 2015

This Edition:

Contact us:

Michelle Resendez—ICIAFN 2015 President

Michelle.resendez@franciscanalliance.org

219.406.6053

Jill Castor– ENA Forensic Committee Chair

jcastor@iuhealth.org

317.962.6101

Welcome!

As we transition into the spring season, each of us are seeing the trend of increased violence in our state. We know the statistics, and sadly we are seeing them rise, in both our young and old populations. As nurses in our field, emergency as well as forensics, we have committed ourselves to making a difference in someone's life. We advocate for our patients and our communities, trying to make a difference no matter how significant. The importance of staying abreast of changes in practice, legislation and technologies can be overwhelming. We need to be advocates for ourselves and our professions. It is important that we continue to network and work collaboratively to ensure we are maintaining a support system that enables us to work effectively in our communities. Our state is in a transition, there are a lot of unknowns. As nurses, we assess and evaluate our patients, we do this in all facets of life…more than we realize. It is important for us to recognize we have resources; we have one another, the professional and personal relationships that we have made during our journey. Let us continue to reach out to one another, work collaboratively, grab that person's hand that is in need and move forward. We are fierce when we are in numbers, let us continue to keep discussions open and encourage one another to participate in our continued efforts.

Thank you for your commitment to your profession! It is challenging to balance and find time out of busy schedules but wanted to personally thank each of you for your work that have helped so many.

Enjoy the articles and a shout out to those that contribute and continue to make this newsletter successful.

On a Mission,
Jill and Michelle

"To do what nobody else will do, a way that nobody else can do, in spite of all we go through; that is to be a nurse." –R. Williams

APRIL IS SEXUAL ASSAULT AWARENESS MONTH

April is Sexual Assault Awareness month. In the 1970's the initial stages of bringing awareness to Domestic Violence were initiated through an event called 'Take Back the Night'. This event was brought to the community's attention as a way to bring awareness to the violence that occurred to women as they walked the streets at night. Over time the event and awareness grew to include sexual assault. In the 80's Domestic Violence advocates delegated October as Domestic Violence Awareness Month and in the late 1980's sexual assault advocates petitioned to have a week designated to sexual assault awareness. The National Coalition Against Sexual Assault worked alongside Sexual Assault State Coalitions to designate a week in April to bring awareness to sexual assault. By the end of the 1990's the recognition of sexual assault grew and developed from a week long event into a month long event.

There are many 'stereotypes' or 'myths' that communities have towards those who experience sexual assault. One of the many stereotypes is that the majority of sexual assaults happen in a dark alley by a complete stranger. The truth is that a victim in a sexual assault is more likely to know the perpetrator than not. According to the organization RAINN (Rape, Abuse and Incest National Network) 'Approximately 2/3 of rapes were committed by someone known to the victim', '73% of sexual assaults were perpetrated by a non-stranger', and '38% of rapists are a friend or acquaintance'. Another 'myth' that occurs with sexual assault is that many of those who either hear about sexual assault do not realize that sexual assault does occur within relationships. Sexual assault occurs within partnerships, marriages, and intimate relationships. '28% of sexual assaults are committed by intimate partners'. Lastly '7% of sexual assaults are perpetrated by relatives'.

As an advocate I hear from many who have experienced sexual assault. Many times I hear from those who have experienced sexual assault that there is a fear to either reporting to law enforcement, to family members or friends. There are many reasons why someone who has experienced sexual abuse/assault may choose not to tell anyone of the event. Some common feelings experienced with having experienced sexual abuse or assault are shame, guilt, fear of the perpetrator, denial, or self-blame. Many victims of sexual abuse/assault express feeling blamed or judged by others. Many state that they have been threatened by the perpetrator not to tell and end up keeping silent for weeks, months or even years.

Many advocates hear from victims that they received negative responses and experienced victim blaming from others when they choose to disclose the abuse. **(Continued to Next Page)**

These actions can in turn tend to cause re-victimization. Victims express that after hearing statements such as 'you should not have been out that late', or 'you asked for it by what you were wearing', tend to end up feeling that it was their fault. When in reality, the victim did not have a say in what happened. Their complete power and control was taken away from them. This is the point in time when we as advocates, police officers, hospitals, and especially nurses are able to respond to victims in a supportive manner. If a client is coming in to the hospital for a sexual assault examination the SANE's will be one of initial people a client speaks with. This initial contact can have a very critical impact on a clients' ability to either open up to discuss their situation or their decision to close off.

There are several different ways to help a client feel that they have a safe and supportive environment to discuss what has happened. ***Belief of the victim*** – This is very critical because, as stated earlier, the victim may be feeling pressured, blamed or guilty of the situation. You may be the first person who the victim comes in contact with who expresses your belief in them. Many times victims will express to me that one of the reasons they do not want to report is due to fear of not being believed. ***Listen to the victim and allow them to take their time*** – Many times a victim of a sexual assault may present being angry, tearful, fearful or in shock at the situation that has brought them to the hospital. It is important to allow the victim to pause and take a break and to think about any question that they may have. I have found that when working with clients, giving them silence to process their situation gives them the time to think, pull together any questions or feelings that they may have, and to not feel rushed. ***Support*** – Many victims are unsure if they wish to report the assault/abuse. This is a key point. The victim has already had their power and control taken away from them. By telling them what to do or how to feel can make them feel that their power and control is being taken away from them again. It is important to hear what the victim in stating and let them know their options (*explaining victim rights*). ***Explaining victim rights*** makes the victim aware that they have the right to have an advocate present with them and that it is their right to decide whether they wish to contact their local police department or not to make a report. Remind the victim that it is their decision. By allowing them to make their own decision you may be one of the first people to give power and control back to them which can be very empowering.

I understand that as a SANE nurse your main priority is focusing on a patient's' physical and medical needs and it can be difficult to focus on some other specific client needs such as: safety, emotional support, and referrals to client specific resources. By having an advocate present they can help assist and focus on some of the other needs that need to be met on behalf of the client such as: developing a safety plan, obtaining shelter or transportation, and getting a victim connected to a local counselor or therapist.

All the hard work that you have done, currently do and will do in the future is always greatly valued!

Thank You!

Kathryn Sievers, MSSW
Adult Advocate
Prevail, Inc.

Legally SANE

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

&

Laurie Gray, JD

Question: I have read conflicting answers to how SANE's should document on the chart if patient reports prior assault, illegal drug use, history of psych or on psych drugs. Should we be documenting this kind of history since can really be hurtful to the legal case?

Michelle Short Answer: YES!!!!!!!

Explanation: The key to this question is in one word. SANE—Sexual Assault **NURSE Examiner**. We are nurses first and foremost. If patient provides health history of prior assault or psych drugs, or any of the above, you MUST report in your chart. It's important to the patient's health care. Otherwise, how would you select what to put in and what to leave out? How would you remember the truth for this patient if you ever needed to confirm her history or were ever called to testify? How can we as nurses possibly know what is or isn't hurtful to potential future legal proceedings?

I'm not sure where the confusion comes from. If a patient is on three pysch drugs, does that mean she is "crazy" and can't be raped? What are we implying? What are we assuming? How can we act as judge and jury? How can we alter the facts of a case without harming our patients and ourselves? We take an oath to do no harm. We are medical first and always during these medical forensic exams. Always! Our advanced forensic training in no way instructs us to hide our patient's true health history.

This also can have a disastrous outcome in the courtroom. If the SANE has selectively documented the health history provided, can it be argued what else have you "selectively" chosen to report or not to report. We would lose all credibility, and rightfully so!

If the patient reports to the ER with an obvious foot fracture, we ask what meds she is on. If replies insulin, antibiotic and a beta blocker, that is what we chart. We never intentionally exclude or add any medications to try to "help" or "protect" our patients. We document the history we obtain with veracity. Completely and accurately. ALWAYS. Anything less makes us unreliable as nurses and as witnesses.

Laurie's Short Answer: Yes. I completely agree with Michelle.

Nurses must absolutely tell the truth, both in their charts and on the stand. I cannot think of any circumstances where incomplete (essentially false) documentation would help the patient medically or assist in any legal process. If a patient presents with back pain following an automobile accident would you omit a prior back surgery or prior accident? If a patient presents complaining of a headache would you omit a history of migraines? No. You would not omit relevant medical history in those cases any more than you'd intentionally omit a prior heart attack or an allergy to medication. It undermines your credibility as a licensed professional, and it's dangerous.

You are not doing the patient or the lawyers any favors by withholding information. Chart everything that is relevant to your diagnosis and treatment as a nurse. One of the reasons we have the medical hearsay exception is because we believe that patients will tell their medical providers the truth in order to receive necessary medical treatment, and we believe that medical professionals will accurately record the history they received and relied upon in providing that treatment. If you are called upon to testify, you will be placed under oath and subject to the penalties of perjury if you do not tell the truth. How could you possibly remember the truth months or years later to tell it at trial if you cannot rely on your own chart? Would you keep separate notes or a "true" medical chart? No, you must take and chart the patient's complete medical history, including psychotropic medications, STIs and prior assaults.

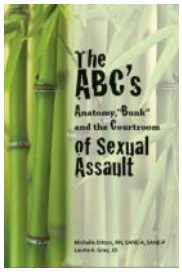
There are rape shield laws that generally prevent lawyers from introducing into evidence a victim's prior sexual history unless it has some direct bearing on the case. But these laws vary from state to state and are extremely fact sensitive. If something is not documented in the medical history, lawyers won't know to file the necessary motions to keep it out of evidence. They may ask broad sweeping questions that require the victim to disclose a prior assault or STI without realizing they are doing so. The victim would also be under oath to answer truthfully and subject to cross examination on why she didn't tell that to the SANE or if she's asking the jury to believe that she did report it, but the SANE must not have charted it. What if a troubled teen (an easy target) gave her teacher, coach or pastor the STI? If you haven't charted it, the only evidence would be that the perpetrator had an STI and the victim did not. A jury might easily conclude that the assault did NOT occur because the victim's chart contains no evidence of the STI.

You have no way of knowing whether or not a criminal case will ever be filed, or if it is filed whether or not it will go to trial. And there are many other potential legal issues and cases beyond possible criminal charges against the person who sexually assaulted your patient. There may be criminal charges pending against your patient where her medical history would be a mitigating circumstance. There may be civil proceedings or cases in family law where the medical records are relevant. Even as a lawyer with 20 years of experience in civil, criminal and CHINS law, I couldn't possibly guess who the truth will help and who the truth will hurt in the years and months to come. I couldn't possibly guess what all of the evidence of a case will turn out to be and what ruling a judge might make given all of the relevant facts. But I do know that judges cannot make good decisions regarding what evidence should or should not be admitted when the information

they're relying on is inaccurate or incomplete.

And while we're talking about charting, let me take this opportunity to remind you that it's always helpful for medical charts to be legible, accurate, and objective. Avoid ambiguous statements. An entry like "Dr. Wilson called." could be interpreted in at least three different ways. Perhaps the person doing the charting called Dr. Wilson, left a message and is waiting for Dr. Wilson to return the call. Perhaps there was an actual conversation with Dr. Wilson. If so, who called whom? Dr. Wilson may have placed the call or he may have been called by someone else. It's important to say exactly what you mean clearly, concisely and correctly.

Finally, it is also important to be aware of what you commonly chart by exception. Is the absence of a chart entry evidence that what you observed was normal or within defined limits? You need to be able to articulate those defined limits accurately and reliably under oath. The best way that you can help your patient and the legal process is to to know what you're doing and why you're doing it, and to make sure the medical records you create are complete, accurate and medically sound.



We are pleased to announce the release of Michelle and Laurie's new book *The ABC's of Sexual Assault: Anatomy, "Bunk" and the Courtroom* on April 10, 2015. For more information and links to purchase the book, visit http://socraticparenting.com/abcs.html.

Indiana ENA Forensics Committee

Helping Make a Difference in Sexual Assault Care

The Emergency Nursing Association (ENA) is a professional organization for Emergency Department (ED) Nurses. The organization helps to influence excellence in emergency nursing and emergency care through integration of leadership, education, advocacy, mentoring, and collaboration[1]. One of the commitments the Indiana Chapter of ENA has made is in the aid and development in the field of forensics. The Indiana ENA Forensics Committee exists to address the awareness and knowledge needs of Emergency Nurses across Indiana. The focus of the committee includes awareness related to training and education opportunities, and legislative issues. The committee serves emergency nurses across Indiana by being a hub of connectivity and collaboration with other organizations and agencies pertinent to medical legal issues, workplace violence prevention, and care of patients who present for emergency care as victims of violence[1].

Over the past year, the Indiana ENA Forensic Committee has been working hard on ensuring that sexual assault treatment facilities have access to a Sexual Assault Nurse Examiner (SANE) training and current evidence-based best practices. By focusing on three main areas, the forensic committee has helped sexual assault patients across Indiana receive quality care through best practice.

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The first area the committee focused was regionalizing Indiana into nine regions and established a point of contact (POC) for each region. The purpose was to provide education, training and support to area hospitals when confronted with issues of sexual assault. The POCs reach out to the fellow forensic nurses to encourage participation in a professional organization to work on issues confronting forensic nurses and provide guidance on how to resolve those issues. The POCs provide updates to other hospitals in their region; even if they do not offer medical forensic exams, but ensure those hospitals have an understanding on the care and treatment for a patient who presents with a history of sexual assault. They also assist the IN ENA forensic committee in tracking who has SANE trained nurses and who do not, who performs the exams and who transfers the patients to a facility with SANE trained nurses. This regionalization is also a way of networking professionally. It helps to educate ED nurses on interpersonal violence to ensure best practices are implemented in their institution.

The second area of focus is on non-occupational post-exposure prophylaxis (nPEP). This is a medical intervention, only available with a prescription, to prevent HIV infection after exposure to the virus. Depending on the nature of the assault, sexual assault victims need to be educated and potentially treated due to their possible or unknown exposure. The forensic committee helped start efforts to educated facilities around Indiana on the need to screen, educate, and potentially provide patients with nPEP. Although providing nPEP is best practice, we know that there is some difficulties providers face in arranging for this medication. As part of this initiative, the ENA forensic committee helped connect centers around Indiana with experts in the field for trouble shooting and how to set up their institutions to provide nPEP if required post-sexual assault.

The last area of focus is developing a more accessible SANE training across the state. The committee recognized the low volume, although increasing; sexual assault trained nurses across Indiana. By reaching out to Indiana facilities, especially through the regionalization, the committee was able to identify the need for more accessible training. Since this discovery, the group has been working hard on creating either a mobile sexual assault nurse examiner course or a web based course. Both options would rely heavily on those regionalized POC to help students achieve their clinical requirements in order to practice as a SANE. Currently the forensic committee is in discussion with the Nursing organization Sigma Theta Tau to help facilitate this opportunity. This course will help to provide a consistent education for SANEs across Indiana, with a strong focus on best practice, while attempting to be budget conscious for sexual assault facilities.

Although membership to ENA is a strong recommendation to be involved in the committee, it is not required. This committee routinely works with providers in the community, members and non-members, to help ensure the mission and goals of the group are in line with the needs of those working the front lines. If you would like more information about Indiana ENA, its efforts, and membership please go to www.indianaena.org. To get involved with the forensic committee please contact Jill Castor, 2015 ENA Forensic Committee Chair, at jcastor@iuhealth.org.

[1] Indiana Emergency Nurses Association. (2014). Retrieved April 7, 2015 from the Indiana ENA Website: http://www.indianaena.org

International Association of Forensic Nurses Strangulation Task Force is Formed

The International Association of Forensic Nurses Board of Directors (BOD) initiated a discussion at a board meeting in 2014 to create a strangulation task force (TF) based on the results of the strangulation survey IAFN initiated last year. The BOD posted a request for volunteers to IAFN members with varied backgrounds and experience in working with adults, pediatrics, and special populations with a history of strangulation. The purpose of the task force is to develop standardized assessment, treatment guidelines, and evidence-based extensive bibliography for use by forensic nurses, nurses, healthcare professionals, and other multi-disciplinary partners when caring for a non-fatal, post strangulation patient.

The TF members are as follows:

Barbra Bachmeier (Indiana) – Chair
Ruth Downing (Ohio)
Sally Sturgeon (Kentucky)
Sarah Wells (Virginia)
Diana Faugno (California)
Sue Rotolo (Virginia)
Sarah Hines (Indiana)
Melissa Vesperman (Wisconsin)
Annie Lewis-O'Connor (Massachusetts)
Holly Renz (Indiana)
Teresa-Devitt Lynch (Navy)
Linda Reimer – IAFN board liaison (Canada)
Jennifer Pierce-Weeks – IAFN staff representative (New Hampshire)

The TF met for the first time via teleconference on March 16th, 2015 and will meet monthly thereafter to develop the agreed upon end products. The proposed end products are:

1. An extensive bibliography review of research when addressing the non-fatal strangulation patient
2. Recommended guidelines for assessment, treatment, and documentation when caring for a non-fatal strangulation patient
3. Sample documentation charts/discharge instructions for IAFN members to use in their practice settings

Once the end products have been completed by the task force, the BOD will review for changes and recommendations. IAFN membership will be given the opportunity to comment before final revision by the task force and final approval by the BOD. The goal is to have end products published and available to IAFN members by early 2016.

For more information, go to www.forensicnurses.org

Deaconess's SANE program

By Tonya Cross, RN

In the early 1990's the Sexual Assault Nurse Examiner program was introduced at Deaconess Hospital with Patty Bender, RN being the only SANE in this area for quite some time. Today Deaconess is taking a more aggressive approach in the training and continued education of SANEs. Deaconess and Deaconess Gateway are currently home to 7 sexual assault nurse examiners that provide care to victims of sexual crimes. While each one of these dedicated women came to the SANE program for various reasons the one thing they all have in common is the desire to help. It is this desire that fuels the dedication these nurses exhibit in their training and commitment to the program. Currently Deaconess has 3 of their SANEs that are also trained in pediatrics with one of these nurses preparing to sit for certification. This extra training has allowed Deaconess to provide care for the sexual assault victim through all ages.

The nurses involved in the SANE program take a multi-agency approach when caring for victims of sexual violence. The nurses work very closely with local law enforcement in obtaining evidence and maintaining a secure chain of custody. All victims have an advocate from Albion Fellows Bacon Center present with them during their time in the emergency department who is there for support, answer questions and to help the victim with any follow up that may be needed. Victims are also given information on Holly's House, a local non-residential child and adult victim advocacy center. The SANE is also involved in the local SART program in an effort to take a more progressive approach to help increase the communication and working relationship between the different agencies.

The SANE program at Deaconess is run under the direction of a board certified emergency physician. Currently all charts are audited by the medical director and policies are in place to allow us to preform to the best of our abilities. It is with these combined efforts that the Deaconess Sexual Assault Nurses are able to provide the quality, compassionate care these victims deserve.

It is the goal of our program to continue to grow both in the number of nurses and in the services we are able to provide.

For More Information on Deaconess's SANE Program, Contact Shawn Brown at shawn.brown@deaconess.com or (812) 450-2128

Floyd Memorial Hospital & Health Services Forensics Program

Floyd Memorial Hospital & Health Services Forensics Program provides evaluation and support for victims of sexual and physical abuse. It is the mission of the program and its forensic examiners to provide quality, comprehensive and compassionate care to victims and their families. In cooperation with local and state resources, we believe that victims and their families should have access to services to reduce the stress and trauma associated with violence. We believe that victims have a right to the very best investigation and support systems available. It is this belief that has helped to grow our program into a well-known and recognizable program. We currently serve victims in fourteen counties in Southern Indiana. We receive referrals as well as walk- ins on an almost daily basis seeking the comfort and expertise of our forensics staff.

The forensics program at Floyd Memorial consists of a board-certified emergency medicine physician with training in both adult and pediatric evaluations, forensic nurse examiners, forensic technician/coordinator and supportive hospital staff and leadership. The forensic technician/coordinator is very unique to our program. At Floyd Memorial, expertise and experience in a law enforcement background is needed to fill this role. The technician/coordinator provides all of the daily functions, coordinates training, ensures the team has an understanding of current laws and best practices, and prepares forensic nurses to testify as expert witnesses and a plethora of other functions. The forensic nurse examiners are key members of our team. They are registered nurses who are dedicated to treating victims of violent crimes, as well as educating our community about sexual and physical assault, and have received continuing education in the area of forensics. We currently have the following forensic staff:

- **One forensic nurse who is also a deputy coroner of a neighboring county.**
- **Two forensic nurses enrolled in death investigations training.**
- **Several forensic nurses and staff members who have completed the course on The Forensic Evaluation of Gunshot Wounds.**
- **One forensic nurse who is trained in HAZMAT.**
- **Nurses trained and certified in adult and adolescent SANE nursing.**
- **Nurses trained in pediatric SANE nursing.**
- **Nurses who have been trained as forensic interviewers.**
- **Nurses and technical staff members who have taken courses in crime scene investigations.**

With all of the training and experience we have collaboratively gained within our department, we have expanded the types and the number of victims we are able to assist. As the concept of forensic nursing grows, we plan to grow right along with it.

The forensics program at Floyd Memorial is very active within our surrounding communities. We have recently begun to take part in an already formed multi-disciplinary team of professionals. The team includes our forensics staff, law enforcement, prosecution, social service support and mental health support within the community. We attend Department of Child Services meetings, as well as meetings with outside multi-disciplinary teams.

Overall, the program at Floyd Memorial is designed to assist in investigations, provide community support and partnerships, return the power and control back to the victims' as best we can and provide unconditional support (to the local agencies as well as to the victim) throughout the recovery process.

Donna Morgan BSCJ
Forensic Program Coordinator
Floyd Memorial Hospital & Health Services

Forensic Track Offered At Indiana ENA Symposium

(See Next Page for Agenda)

Sponsored by the

EMERGENCY NURSES ASSOCIATION
INDIANA STATE COUNCIL

-HOTEL INFORMATION-
Indianapolis Marriott East
7202 East 21st Street
Indianapolis Indiana 46219
317-322-3716
Special Room rate for The Indiana ENA! Use group name Indiana Emergency Nurses Association when making your reservation and you will receive the rate of $130.00 per night.

Follow us on Twitter @IndianaEna

Follow us on Facebook at Indiana ENA

Get Involved!
Promote and Grow our Profession!

Undergraduate Student Nurses join ENA today @ www.ena.org and attend the symposium for $30.00 (must bring membership card to symposium)

Bowl for the Foundation
Sun., 6/21, 6p-8p
$40/person (2 games/shoes & pizza)
Hindel Bowl, 6833 Mass Ave.
RSVP with your symposium registration.

For more information contact
Sherri Marley @ ienasymposium@gmail.com

"This activity has been submitted to the Emergency Nurses Association for approval to award contact hours. The Emergency Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation."

Indiana ENA Symposium
June 22nd 2015

Marriott East
Indianapolis, Indiana

– AGENDA –

0730- 0830
Registration and Continental Breakfast with Vendors

0830-0930
Troy Riggs, Director of Public Safety
Public Safety in Indianapolis

0930-1000
Break/Visit with Vendors

1000-1100
Nursing Break Out Sessions:
Choose one:

I **Andrew Bowman, MSN, ACNP-BC CEN, CTRN, CPEN, CCRN-CMC, CVRN, FACCN, NREMT-P**
Resuscitation Beyond ACLS

II **Cheryl Riwitis, MSN, RN, FNP-BC, CEN, CCRN & Dr. Ed Bartkus**
Case Studies in Trauma

III **Dean A. Hawley, MD**
Sexual Assault of the Elderly

1000-1130 Public Safety Track

1100-1130
Round Table/Small Group/Discussion

1130-1230
Lunch Provided/Indiana ENA State Business Meeting

1230 - 1330
Nursing Break out Sessions:
Choose one

I **Dawn Daniels**, PhD, RN, PHCNS-BC
The Importance of the ED Nurse in Injury Prevention

II **Julie Conjelko, RN , BSN, CCRN**
The untold story of Therapeutic Hypothermia

III **Sarah Hines, BSN, RN, SANE-A, CFN**
Christina Bellardo, JD
Telling the Truth, the Whole Truth & Nothing but the Truth: Testifying

1230-1330 Public Safety Track

1330 - 1345
Break

1345 - 1445
Nursing Break out Sessions:
Choose one

I **Serena Harris, PharmD, BCPS**
Andrew Fritschle Hillard, PharmD, BCPS
Pharmacy in the ED

II **Nancy Bonalumi, DNP, RN, CEN, FAEN**
Fact or Fiction: Nursing Myths

III **Leslie Cook, RN, SANE-A, SANE-P**
Evidence Collection: Using the State Police Kit

1445-1500 Break

1500 - 1615 Closing Presentation
Nancy Bonalumi, DNP, RN, CEN, FAEN
Change is the only Constant

There will be concurrent sessions running for Public Safety Personnel beginning at 10am. 25 minute sessions from various presenters on topics related to prehospital care.

Please note that individual registration information will be made available to sponsoring vendors

Registration Fees:

Please mark appropriate box:

Nursing

☐ ENA Member $95.00

☐ Non-Member $105.00

Non-Licensed Undergraduate Nursing Students

☐ ENA Student Member $30.00

☐ Non-member Student $50.00

Public Safety Personnel

☐ Fire/Police/EMS $55.00

Please Provide ENA Member #

_____

☐ Bowl for the Foundation $40.00

PAYMENT OPTIONS:

Please enclose a check or money order made out to: **Indiana State Council of The Emergency Nurses Association OR Go online to www.indianaena.org and register using PayPal**

If paying by check or Money order Send completed Form and Full Payment to: Diane Hochstetler
16032 CR 52
Syracuse Indiana 46567
ienasymposium@gmail.com

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RSVP Bowl for Foundation _____ yes _____ no
Indicate Number Attending Bowling
_____

Articles of Note

Nobility in objectivity: A prosecutor's case for neutrality in forensic nursing

Roger Canaff
Deputy Chief, Sex Offender Management Unit, New York State Office of the Attorney General, New York, New York
Received: May 16, 2008; accepted: August 20, 2008
Journal of Forensic Nursing 5 (2009) 89–96

doi: 10.1111/j.1939-3938.2009.01039.x

Abstract

This article describes the three primary functions that Sexual Assault Nurse Examiners (SANEs) provide to the judicial process from a prosecutor's perspective. These three functions include comfort and care of patients complaining of sexual assault, competent and consistent evidence collection, and expert testimony on anatomy and tissue. The article makes the argument that all three of these functions are conducted more effectively when the SANE maintains her objectivity and neutrality as a medical and scientific professional. Finally, a recent Supreme Court ruling, Crawford v. Washington, might greatly affect a SANE's ability to repeat hearsay statements made to her by patients who become unavailable to testify. The article will discuss the impact of this case, it relates to the SANE's function as an expert witness and the issue of hearsay admissibility.

Injuries from intimate partner and sexual violence: Significance and classification systems

Journal of Forensic and Legal Medicine 19 (2012) 250-263
Marilyn S. Sommers PhD, Lillian S. Brunner Professor of Medical Surgical Nursing a,*,
Kathleen M. Brown PhD, Practice Associate Professor a, Carole Buschur MSN, Faculty b,
Janine S. Everett PhD a, Jamison D. Fargo PhD, Associate Professor c, Bonnie S. Fisher PhD, Professor d,
Christina Hinkle BSN, Director e, Therese M. Zink MD, Professor f
a School of Nursing, University of Pennsylvania, 418 Curie Boulevard, Fagin Hall, Philadelphia, PA 19104, USA
b Galen College of Nursing, Cincinnati, OH, USA
c Department of Psychology, Utah State University, Logan, UT, USA
d School of Criminal Justice, University of Cincinnati, Cincinnati, OH, USA
e Sexual Assault Forensic Examiner Program, The University Hospital, Cincinnati, OH, USA
f Family Medicine University of Minnesota, St. Paul, MN, USA

Abstract

While intimate partner violence (IPV) and sexual violence (SV) are highly associated with injury, the healthcare and legal significance of these injuries is controversial. Purpose: Herein we propose to explore the significance of injury in IPV and SV and examine the current status of injury classification systems from the perspectives of the healthcare and criminal justice systems. We will review current injury classification systems and suggest a typology of injury that could be tested empirically. Findings: Within the published literature, we found that no commonly accepted injury typology exists. While nuanced and controversial issues surround the role of injury detection in the sexual assault forensic examination, enough evidence exists to support the continued pursuance of a scientific approach to injury classification. We propose an injury typology that is measurable, is applicable to the healthcare setting and criminal justice system, and allows us to use uses a matrix approach that includes a severity score, anatomic location, and injury type. We suggest a typology that might be used for further empirical testing on the validity and reliability of IPV and SV injury data.

Conclusion: We recommend that the community of scientists concerned about IPV and SV develop a more rigorous injury classification system that will improve the quality of forensic evidence proffered and decisions made throughout the criminal justice process.

If anyone would like a copy of these articles you can email Barb Bachmeier at barbra.bachmeier@gmail.com.

What's Coming Up…

April 29th: Stewards of Children presented by Chauncie's Place and Prevail. In recognition of both National Child Abuse Prevention Month and Sexual Assault Awareness Month.

April 29th: Mayor Ballard has declared "Denim Day" in Indianapolis, show support for those who have experienced sexual violence, dvnconnect.org/news-events/april-sa-activities/

May 17-19: National Domestic Violence Fatality Review Conference, St. Petersburg Florida

May 20-21: Health and Human Trafficking, Wesleyan University, Marion Indiana

June 16-18: When Words Matter, Charleston, West Virginia, www.gundersenhealth.org

June 21-22: IN-ENA June Symposium, pages 12 &13

June 29th: IU State Wide Sexual Assault Conference, IUPUI Campus Center, care@indiana.edu

July: Adult/Adolescent SANE Training, Rensselaer Indiana, Contact Cheryl Querry cquerry@jchh.com

For More Information on Training Opportunities See Attached Documents!

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!