

# The Examiner

## ICIAFN and Indiana ENA Forensic Committee

### *Quarterly Newsletter— July 2016*

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#### Can You Spare Some Time...

Friends and Colleagues,

Welcome to the July 2016 issue of *The Examiner!* We began this joint (ad)venture between the IN ENA Forensic Committee and the IN Chapter of the IAFN more than 2 years ago. Our primary focus has always been to share valuable information with *you*, our colleagues. Our second reason for publishing a quarterly newsletter is to provide a means of networking with one another, and so, we invite you to let us know what is happening in your neck of the woods, we want to honor those throughout the state who have reached forensic milestones (big and small), we want to hear ideas about articles for future issues and we want this to be an inclusive newsletter where everyone feels welcome to participate.

Currently the Indiana ENA forensic committee has developed 3 goals for 2016:

1. Work with Indiana legislators to revise the Emergency Services to Sex Crime Victims statute. Inclusion of nPEP funding by the compensation fund.
2. Collaboration with the Indiana Area Health Education Centers (AHEC) to expand SANE training in Indiana.
3. Collaboration with ICESA and IPAC to reconvene the State Wide SART in Indiana

These goals are a continual work in progress and will continue to be the focus for 2016 and into 2017. A lot of hard work has been put forth by several committee participants to work towards these goals. We encourage you to provide feedback on these goals as we move into 2017, and we invite you to share your thoughts, challenges, and goals that we, collectively, might focus on for 2017. The more involvement we have, the stronger our organizations will become. We recognize how busy our lives are and yet, if we all can get behind the band wagon and work together by giving a comfortable amount of time, we, as a state, will continue to reap bigger and better results for our patients. So...get involved...write an editorial, tell us about your SATC, celebrate a colleague with an article about them, tell us what you would like to know more about, and the list goes on and on!

Happy Reading,

Barb Bachmeier, JD, MSN, RN, NP-C

IN ENA Forensic Committee Chair

Holly Renz, RN, SANE-A, SANE-P

ICIAFN Immediate Past President



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## 2016 Legislative Notes: 07/01/2016

*From Kerry Hyatt Bennett, JD*

*ICADV Legal Counsel*

### Legally Brief: Statute of Limitations for Some Sex Crimes Changes July 1<sup>st</sup>, 2016

House Enrolled Act 1105 modified the exception to Indiana's statute of limitations on two sex crimes in Indiana, so take note: the Level 3 Felony Rape exception (potentially lengthening the time in which the charge can be filed) now also applies to former B Felony rape charges that occurred before July 1, 2014.

This means that it is possible to currently file based on incidents that happened before the statute changed from B Felony to Level 3 Felony in 2014, because the time allocation is longer.

The second clause is new and referenced that criminal deviate conduct can still be charged because of the lengthened time allowed under this exception, even if that statute has since been repealed.

### SECTION 4. IC 35-41-4-2: Statute of Limitations

#### **New language in BOLD**

(n) A prosecution for rape (IC 35-42-4-1) as a **Class B felony (for a crime committed before July 1, 2014) or as a Level 3 felony (for a crime committed after June 30, 2014)** that would otherwise be barred under this section may be commenced not later than five (5) years after the earlier of the date on which:

- (1) the state first discovers evidence sufficient to charge the offender with the offense through DNA (deoxyribonucleic acid) analysis;
- (2) the state first becomes aware of the existence of a recording (as defined in IC 35-31.5-2-273) that provides evidence sufficient to charge the offender with the offense; or
- (3) a person confesses to the offense.

(o) A prosecution for criminal deviate conduct (IC 35-42-4-2) (repealed) as a **Class B felony for a crime committed before July 1, 2014, that would otherwise be barred under this section** may be commenced not later than five (5) years after the earliest of the date on which:

- (1) the state first discovers evidence sufficient to charge the offender with the offense through DNA (deoxyribonucleic acid) analysis;
- (2) the state first becomes aware of the existence of a recording (as defined in IC 35-31.5-2-273) that provides evidence sufficient to charge the offender with the offense; or
- (3) a person confesses to the offense.

## ICESA NEWS...



# Indiana Coalition to End Sexual Assault

Engage. Educate. Empower.

## Regional Meetings Announced

The Indiana Coalition to End Sexual Assault (ICESA) will be hitting the road to host 5 statewide regional meetings within the upcoming weeks and throughout the month of August. All dates and locations are scheduled; however, venues are pending for two of the locations. You are welcome to attend any one of these meetings so please mark your calendar to save the date. Details are as follows:

Tuesday, July 26, 2016 – Valparaiso, IN – Location TBD - Time: 9:00 am – 11:30 am

Tuesday, August 9, 2016 – Fort Wayne, IN – Location TBD – Time: 9:00 am – 11:30 am

Thursday, August 18, 2016 – Vincennes, IN – Location – Apple Hill Orchard – Time: 9:00 am – 11:30 am

Tuesday, August 23, 2016 – Madison, IN – Clifty Inn @ Clifty Falls State Park - Time: 9:00 am – 11:30 am

Thursday, August 25, 2016 – Indianapolis, IN – Drury Inn @ 96<sup>th</sup> & Meridian – Time: 9:00 am – 11:30 am

We will be discussing and seeking your input and ideas on legislative issues as we prepare for the upcoming session. In addition, as we continue to work with IPAC (Indiana Prosecuting Attorney Council) on the development of a statewide SART advisory council, we will be seeking feedback

on matters that an advisory council should address. Lastly; however, equally important, we will be discussing the Sexual Assault Victim Assistance Fund (SAVAF), specifically, the purpose of this fund, overall statewide goal for this fund, etc.

Please keep an eye out in the upcoming days for an Eventbrite invite via email which will provide you the opportunity to register for one of the above regional meeting dates.

We look forward to seeing you!

Sincerely,

The ICESA Team



# Legally SANE

By

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

And

**Laurie Gray, JD**



**Question: Can I testify about the identity of my patient's assailant under the medical hearsay exception, and if so, how is that related to the diagnosis and treatment of my patient?**

**Michelle's short answer:** Yes, the identity of the suspect is relevant our patients' diagnosis and treatment.

**Michelle's explanation:** As registered nurses, SANEs must adhere to the Standards of Practice set forth by the American Nurses Association (ANA). Those standards include Assessment, Diagnosis, Outcome Identification, Planning, Implementation, and Evaluation. Planning and implementation are critical aspects of treatment. Standard 5B specifically requires nurses to employ strategies to promote health and a safe environment. The identity of the suspect is a key piece of information for us to know whether or not we are releasing patients into a safe environment, or back into an environment where they are likely to be subjected to further abuse.

When testifying in court, it's important not only to state that the identity of the perpetrator is relevant to our diagnosis and treatment, but to explain why we need to know who that person is so that the jury, lawyers and judges understand how it relates to our role as a nurse. First and foremost, SANEs are nurses. We need that information for treatment purposes. We are not asking the question as a collector of forensic evidence for the police or prosecution. The very definition of nursing requires us to protect, promote and optimize our patients' health: "*Nursing 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.*" (ANA, 2010, p.3).

In addition to testifying to the ANA standards and definition of nursing, it's important that we chart this planning and include specific implementation information in the discharge instructions.

Examples of things we can document to demonstrate that we do need to know the identity of the perpetrator include things like:

1. Lethality assessment completed and score and emergency shelters discussed. (If the suspect is in the home, then it may not be safe for the patient to return home).
2. Written protective order information given and discussed by the victim advocate. (If the suspect is not in the home, but may have future access to the patient, the patient needs legal protection to ensure safety.)
3. Appointment scheduled for counseling with an IPV counselor. The address and phone number provided of Dr \_\_\_\_\_. Stressed how important to keep this appointment to the patient. (If patient is caught up in a cycle of abuse and likely to return to the suspect for financial or emotional support).
4. Discussed and given detailed instructions on when/if would need to report back to the ER if symptoms worsen. (Demonstrates that we are concerned with ongoing health and safety).
5. Patient to return in 5 days for recheck of healing injuries. Sooner if noted new bruising. (New bruising may be from same event or from new abuse).

The moment our patients are discharged from our care and walk out of our facility, they may become vulnerable to revictimization, especially if their assailant will have access to them at home, at work or in public places. As nurses we have an obligation to provide them with a plan for safety that reduces their risk of revictimization and promotes healing and a healthy future and to help them implement that plan.

**Laurie's short answer: Laurie's explanation:** Yes, provided the prosecutor lays a solid evidentiary foundation through the nurse's testimony.

**Laurie's Explanation** As Michelle indicates in her explanation, it is important for the judge to understand that the purpose of asking the identity of the assailant is not to gather forensic evidence for a trial, but as a best practice for a nurse treating her patient. In every case it is up to the trial judge to decide whether a statement relaying the identity of the perpetrator should be admitted under the Medical Hearsay Exception. The more evidence the judge has to consider how that information is needed for the proper medical care and treatment of the victim, the more likely the judge will be to admit the statement.

In some cases (i.e., the victim doesn't show for trial or recants on the witness stand), that statement made to the nurse may be the only evidence of the perpetrator's identity that supports a conviction. If the case goes up on appeal (as it almost always does when there is a conviction by trial rather than by a plea), the appellate courts are far more likely to uphold the conviction when they find a solid foundation explaining how the hearsay statement is medically necessary than if they find no such foundation or evidence to the contrary.

Suppose you are on the stand and the prosecutor asks you (using an open ended question as prosecutors must on direct examination): "Why did you ask the name of the person who assaulted her?" One possible answer: "So the police could go investigate him (or interrogate him or arrest him) as the suspect." That makes it sound as if your purpose for asking the question was to assist law enforcement, not to provide medical care to your patient. Compare that to something like this: "My nursing diagnosis of this patient included 'dysfunctional family processes' and I was concerned that it might not be safe for my patient to return home. As part of my treatment plan, I talked with her about the available emergency shelters and referred her to a counselor who would help her to follow through with our plan and stay safe."

Of course, it is important to have this diagnosis and treatment plan properly charted. If you don't include this information in your chart and the only evidence is your testimony at trial, a good defense attorney may be able to undermine your credibility during cross-examination with questions like: "As a nurse, you are required to include all relevant medical information in patient chart, aren't you? Today you told the jury about your nursing diagnosis, but you didn't include that information on your chart, did you? But you just told us that you include all relevant medical information on your patient chart, did you not? And although you just testified about a treatment plan or safety plan in court today, you didn't include that in your chart, either, did you? And you didn't mention it in your discharge instructions to your patient, did you?"

This line of cross-examination is designed to make it look as if you just made this diagnosis and treatment plan up (perhaps with the help of a prosecutor) in order to try to manufacture admissible evidence to identify the defendant as the guilty party. It can be devastating to your reputation as a medical professional and may look even worse if there was a police officer present when you asked the question or if the police used that information to go arrest the defendant immediately following the medical forensic examination. But if you make it a practice to always chart specific diagnoses and your treatment plan during the medical forensic examination, you demonstrate that you really are acting with a medical purpose rather than on behalf of law enforcement.

There have been two important Indiana cases in the past year that deal with whether a hearsay statement identifying the perpetrator made by the victim to a health care provider is admissible (and sufficient evidence to sustain a conviction): *Steele v. State of Indiana* (decided August 18, 2015 by the Indiana Court of Appeals) and *State of Indiana v. Ward* (decided February 19, 2016 by the Indiana Supreme Court). In both cases the court held that the medical hearsay exception applied to the statements, making the statements nontestimonial and admissible even if the defendant does not have the opportunity to confront and cross-examine the victim.

In the first case, Steele punched his girlfriend of 20 years in the face and did it in the presence of their 12-year-old daughter. The girlfriend went to the emergency room, and a forensic nurse examiner (FNE) was called in because the patient's injuries appeared to be caused by violence. A police officer was present when the victim reported to the FNE that it was Steele who punched her. The aftercare instructions at discharge included contact information for the FNE and a

recommendation that the victim contact a domestic violence shelter and seek counseling. At trial the victim testified that she tripped and hit her face on a table. The daughter did not testify. In order to convict Steele, the jury had to believe the victim's hearsay statements to the FNE and disregard her testimony at trial. The Indiana Appellate Court found that the FNE's primary purpose in collecting evidence was to provide medical treatment for her patient's injuries and noted that "diagnosis and treatment" includes the emotional and psychological injuries that accompany the physical injuries of domestic violence.

In the second case, Ward was also convicted of battering his girlfriend. While being treated for her injuries, the victim told a paramedic and FNE that Ward was her attacker. The victim did not appear for a deposition or to testify at trial. Ward objected to being identified as the attacker solely through hearsay testimony. He cited his 6th Amendment right to confront and cross-examine witnesses when the statement is "testimonial." The Indiana Supreme Court found that the victim's statements to the paramedic and FNE were not testimonial and cited the 2015 United States Supreme Court Decision in *Ohio v. Clark* that hearsay statements made to persons other than law enforcement officers do not violate a defendant's constitutional right to Confrontation unless the primary purpose of the conversation (viewed objectively and in light of all the circumstances) was to create a substitute for trial testimony.

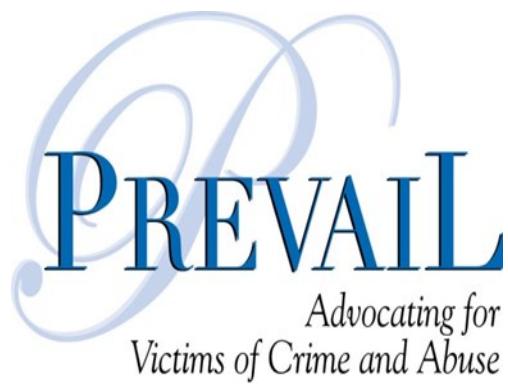
At trial, the prosecutor asked the paramedic if it is important to determine who caused the injuries to the patient being treated. The paramedic responded that it is and added, "I need to know if they are still there or if they are anywhere around to cause any more harm." With regard to the statements made to the FNE, the Indiana Supreme Court stated that "medically relevant information is not transformed into 'testimony' when it is reported to a forensic nurse instead of a paramedic."

The Indiana Supreme Court cited Dr. Nancy Soggs' 2015 article in the *Medical Clinic of North America* journal entitled "Intimate Partner Violence: Prevalence, Health Consequences and Intervention" and held that doctors and nurses must be prepared to engage patients in the issue of Intimate Partner Violence (IPV) and provide assessment and referral. IPV experts urge medical providers to document the injuries and the abuser. The Court went on to cite the International Association of Forensic Nurses website ([www.ForensicNurses.org](http://www.ForensicNurses.org)) and emphasized that forensic nurses are nurses first and foremost, even though they have special training in injury identification, evaluation and documentation.

Although the prevailing opinion was that the nurse's primary purpose was medical, and therefore not testimonial, two justices--Justice Rucker and Justice Dickson--disagreed. They quote an extensive exchange between the FNE and prosecutor at trial regarding the importance of developing a safety plan, but noted that there was no reference to that plan anywhere in the medical records. Instead, the patient was instructed: "Take medications as prescribed," "Return for worsening symptoms," and "Follow up with primary care physician." The dissenting justices emphasized that if the State insists on introducing the identity of the abuser as medical hearsay, then it is absolutely im-

perative that the State produce evidence explaining how and why such testimony is relevant to diagnosis and treatment. This evidence must include medical records as supporting documentation.

## Advocates Corner...



### **Why suggest a support group to a survivor of sexual assault?**



**By Brittany Winebar  
Youth Advocacy Supervisor**

Here what survivors say about group:

“Everything I was missing – strength, courage, forgiveness, empowerment, trust, friendship, boundaries, that it’s not my fault.” (Adult survivor)

“I learned it’s OK to feel that way I do and that it’s going to be a long road before everything is 100% but I will get there.” (Adult survivor)

“I learned that I can and will overcome the abuse that happened to me. I feel more like a survivor than a victim now.” (Adult survivor)

“That I am not to blame. Self-respect. Setting boundaries. What a healthy relationship consists of.” (Adult survivor)

“Hey Girl! So you are in this room right now and probably scared half to death. Group is great. You learn so much if you just talk. They can give you answers and you are not alone! In this group, they just want to make you feel like you have some people in this crazy world just like you! I know you may have days that you like why am I even trying , but I’m telling you right now that you have a reason to be here, and trust me you will get through this! Keep your head held high, you got this!” (Teen survivor in advice letter)

“Hello Beautiful. Having a rough first group? Yeah, it’s okay. I’ve been there, too. Even thought it may be awkward right now, I promise you it gets to be better and you create a bond with the

girls in this room that will never be replicated again. This is your safe place. Here you can scream, cry, laugh, anything you need. I promise it's not all depressing feelings and shit. You won't just sit in a circle and cry and tell your feelings. You will be able to express yourself through many different activities and have endless opportunities to group. I won't like, some days will be emotionally rough, but it's okay. You know why? Because you have a group of people who know what you're feeling and they are there to support you no matter what. BELIEVE YOU CAN AND YOU WILL." (Teen survivor in advice letter)

"Our child has re-emerged! We are a family again and she is living in the now and able to plan a future." (Parent of a child survivor)

"Group has taught my child she is not alone and has given her support. It has given us hope that it does get better day by day. The support and information for parents is extremely valuable to be able to help your child." (Parent of a teen survivor)

	<u>Agree or Strongly Agree</u>
Learned about community resources	100%
Know more ways to plan for safety	100%
Helped with ability to deal with my trauma	98%
Feel better able to handle my life	100%
Have a stronger support network	98%
Advocate understands	98%
Co-facilitator understands	98%
Increased knowledge and understanding of my trauma	100%

Prevail provides psychoeducational support groups for children (ages 6-12), adolescents (ages 13-18), and adults (ages 18+). Support group is a supportive, engaging and fun environment for survivors to explore how to cope with trauma. Our support groups include talk, the use of games, and arts/crafts for the survivors to interact with while they learn. Our service dog, Odle, attends several of the youth support groups at Prevail. All participants must have an intake prior to attending. In our sexual assault groups for children, we ask that the non-offending parent(s)/guardian(s) also attend.

Many people who have participated in group will say that in group they finally learned, "I am not alone." Though they may know it in their head, it is different to hear and see their peers expressing the same thoughts and feelings. A common result of participating in group is improvement in individual appointments or counseling. Youth who may have been reluctant to engage on an individual level often are more willing to engage on a group level. Though at first people may feel nervous about attending group, they often find it easier to engage with the material in a group where they do not have to be the center of attention, unlike an individual session. Group also allows peers to challenge and encourage each other. Peers can speak into each others' lives in a unique way that people in authority may not be able to.

For more information about group, please see our website [www.prevailinc.com](http://www.prevailinc.com) or call at 317-773-6942.

## ICIAFN News...

### ICIAFN Views *The Hunting Ground* :



On May 19<sup>th</sup> more than 20 forensic nurses along with several community partners and even a program's medical director gathered at the St. Vincent Carmel Women's Center for a great evening of networking, brainstorming, and learning. We started the evening with a dinner and chapter meeting that included a productive discussion of statewide concerns around SANE/Forensic program sustainability. This list has been communicated to **Jenifer Markowitz** to guide and personalize her presentation at our **Fall Forensic Conference**. The evening ended with a showing of the film **The Hunting Ground**, the groundbreaking documentary about sexual assault on college campuses. Thanks so much to all who attended!

## More ICIAFN News...

### Announcing our August Meeting & Educational Opportunity:

The Indiana Chapter of the IAFN is pleased to announce our August Meeting featuring Marhi Irvine, PhD presenting "**Working with Currently or Formerly Incarcerated Women: Considerations for SANEs.**" The event will be **Tuesday, August 16, 6-9pm** at the St Francis Health Education Center in Greenwood.

Please join us at 6pm for FREE dinner and a chapter meeting (nonmembers are welcome!). Marhi will speak from 7-9.

This falls during the IU Forensic Conference, hopefully allowing some of you from out of town to be in Indy for many great forensic nursing reasons! And who doesn't want free dinner after a long, wonderful day of conference learning! Or, if you are unable to attend the Conference, here is another way to be involved with your forensic colleagues as summer comes to a close.

**Seating is limited to 40, so please RSVP early!** Send RSVPs and/or questions to Caroline Fisher at [Caroline.Fisher@franciscanalliance.org](mailto:Caroline.Fisher@franciscanalliance.org). This promises to be a great night.

### Growing Our Online Presence

Don't forget to check out our updated website <http://community.iafn.org/indianastate>. If you have anything you want added, shared, or announced, please contact Angela Mellon or Tashanna Vinscon through the website! Also, make sure to "like" our Facebook page, "Indiana Chapter of Int'l Association of Forensic Nurses," as another great way to stay looped in and in touch!

### Reminder to Save The Date: Fall Forensic Conference

Our Annual Fall Forensic Conference is coming up **Friday, November 11** at the Wyndham Indianapolis West Hotel. We are thrilled to be bringing in a national expert and incredible leader in our field, **Dr. Jenifer Markowitz** who will be speaking on "**Creating a Defensible Practice: An Ethical and Evidence-Based Approach to Patient Care, Court Testimony and Beyond.**" Look for registration forms coming out soon!



## Forensic Nursing Spotlight

Gov. Mike Pence has appointed Holly Renz from Anderson, as one of six members on the state's Sexual Assault Victim Advocate Standards and Certification Board. A nurse at Community Hospital for 40 years, she has served since 1998 as program director of the Madison County Sexual Assault Treatment Center.

The six member board also includes: Kyle Allen, Marion County, Dr. Tara Harris, Marion County, Kristin Pulice, Hamilton County, Kelly Vates, Jasper County, and Samantha Walton, Marion County. All will serve four-year terms through June 15, 2020.

## Article of Note ...

### The (in)significance of genital injury in rape and sexual assault

Journal of Forensic and Legal Medicine 34 (2015) 173e178

journal homepage: [www.elsevier.com/locate/jflm](http://www.elsevier.com/locate/jflm)

Graeme Walker

NHS Highland Forensic Medical Service, c/o Medical Room, Burnett Road Police Station, Inverness IV1 1RL, Scotland, United Kingdom

18 June 2015

#### **a b s t r a c t**

The forensic significance of genital injury following rape and sexual assault has been the subject of considerable academic and research interest, in terms of the contribution it may provide to the body of evidence in criminal proceedings. This essay takes a critical look at such research, in the context of modern understandings of what actually constitutes rape and sexual assault. Written from the author's perspective as a forensic physician practicing in Scotland, it illustrates the fascinating interface between medical evidence and the legal system.

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Please contact Barb Bachmeier at [barbra.bachmeier@gmail.com](mailto:barbra.bachmeier@gmail.com) if desiring a copy of the article.

# What's Coming Up...

## Conferences

**August 4-5, 2016** 12<sup>th</sup> Annual Ohio PSANE Conference, Nationwide Children's Hospital, Columbus, Ohio For more information contact Mina Devine at [Mina.Devine@cchmc.org](mailto:Mina.Devine@cchmc.org) or by phone at 513.636.0045.

**August 11, 2016** Indiana University presents ***Creating Cultures of Care and Compassion: Commuter and Regional Campuses' Role in the Prevention of Sexual Violence***. For more information visit: [sapir@iupui.edu](mailto:sapir@iupui.edu)

**August 16-17, 2016** Indiana University Health presents ***Frontline Forensics Training for the Emergency Response Provider*** at University of Indianapolis 1400 East Hanna Avenue, Schwitzer Student Center, Indianapolis, IN 46227. Register at

<http://www.cvent.com/d/yfqcnc> and for more information contact Paula Reiss at [preiss@iuhealth.org](mailto:preiss@iuhealth.org)

**August 16, 2016** 6-9 pm the IN Chapter of the IAFN presents ***Working with Currently or Formerly Incarcerated Women: Considerations for SANEs*** Mahri Irvine, PhD, presenter. Free training and includes dinner at St. Francis Health Education Center 421 North Emerson Avenue, Greenwood, IN 46143. RSVP to [Caroline.fisher@franciscanalliance.org](mailto:Caroline.fisher@franciscanalliance.org) (seating is limited to 40).

**September 19-21, 2016** National Center for Victims of Crime presents the National Training Institute. Philadelphia, PA [Download the Workshop Agenda](#) For questions contact Kathleen Wilber at [kwilber@ncvc.org](mailto:kwilber@ncvc.org)

**September 29- October 2, 2016** the IAFN presents ***International Conference on Forensic Nursing Science and Practice*** at the Sheraton Denver Downtown Hotel, Denver, CO. For more information click on <https://iafn.site-ym.com/?page=AnnualConfer>

**November 11, 2016** the IN Chapter of the IAFN presents ***Creating a Defensible Practice: An Evidence Based Approach to Patient Care, Court Testimony and Beyond*** Dr. Jenifer Markowitz, presenter. Wyndham Indianapolis West 2544 Executive Dr. Indianapolis, IN 46241. Stay tuned for brochure and registration information.

## Webinars

**July 21, 2016** 11- 12:30 pm EST ***Trauma Informed Responses to Disclosures of Sexual Violence*** Julie Lash, PhD, HSPP and Sareen Lambright Dale, MBA, presenters. Register at <https://attendee.gotowebinar.com/register/1670691798556611075>

**August 19, 2016** 11- 12:30 pm EST ***Research Review: Is Rape Caused by Miscommunication?*** Mahri Irvine, PhD, presenter. Register at <https://attendee.gotowebinar.com/register/1900387474180612099>

**September 14, 2016** 11- 12:30 pm EST **Prevention of Sexual Violence in Intimate Relationships** Natalie Phillip and Mahri Irvine, PhD, presenters. Register at <https://attendee.gotowebinar.com/register/7350866724182530819>

**October 21, 2016** 11-12:30 pm EST **Sexual Violence Prevention through Enhancement of Protective Factors** Julie Lash, PhD, HSPP and Claire Draucker, PhD, RN, APRN, FAAN, presenters. Register at <https://attendee.gotowebinar.com/notAvailable.tml>

**October 26, 2016** 11-12:30 pm EST **Working with Parents on Sexual Violence Prevention** Ellen Vaughn PhD, presenter. Register at <https://attendee.gotowebinar.com/register/6007933117910310657>

**November 17, 2016** 11-12:30 pm EST **Drugs, Peer Pressure, and “Party Culture”: The Slow Work of Sexual Violence Prevention** Sareen Lambright Dale, MBA and Eric Teske, MA, MS, presenters. Register at <https://attendee.gotowebinar.com/register/2291941157018184706>

**December 14, 2016** 11- 12:30 pm EST **Engaging Men in Sexual Violence Prevention Efforts** Mike Hines, PsyD, HSPP and Joel Wong, PhD, presenters. Register at <https://attendee.gotowebinar.com/register/9081806989069867266>

## **Trainings**

**July 18-20, 2016** Pediatric SAFE (Sexual Assault Forensic Examiners) Basic Training, California Clinical Forensic Medical Training Center [CLICK HERE](#) to visit our website to view the online and classroom course agenda, to register, and for instructions to access online training. For questions contact Christina Pritchett at (916) 930-3062 or [Christina.pritchett@ccfmc.org](mailto:Christina.pritchett@ccfmc.org).

**August 11, 18, 23, 25, 30, 2016** Summer Pediatric Sexual Assault Nurse Examiner Course (online) Instructor: Diana Faugno, MSN, RN, CN, SANE-A, SANE-P, FAAFS, DF-IAFN. Tuition: \$349, course materials: \$75 <http://www.mrcac.org/course/online-pediatric-sane/> -

**August 15-19, 2016** Adult SAFE (Sexual Assault Forensic Examiner) Training, California Clinical Forensic Medical Training Center, For questions contact Sheila Cavanagh at 916-930-3057 or at [sheila.cavanagh@ccfmc.org](mailto:sheila.cavanagh@ccfmc.org)

**September 12-16, 2016** Cincinnati Children's Hospital hosts **Pediatric SANE Training**. For more information contact Mina Devine at [Mina.Devine@cchmc.org](mailto:Mina.Devine@cchmc.org) or by phone at 513.636.0045.

Pediatric-Adolescent SANE Training offered by the IAFN, 43 hour ANCC Approved CE online course. For more information click on <http://www.forensincnurses.org/?page=40HourSANE>

Adolescent-Adult Training Program offered by the IAFN, 41 hour ANCC Approved CE online course. For more information click on [https://c.ymcdn.com/sites/iafn.site-ym.com/resource/resmgr/Education/Adult\\_SANE\\_Training\\_Outline.pdf](https://c.ymcdn.com/sites/iafn.site-ym.com/resource/resmgr/Education/Adult_SANE_Training_Outline.pdf)

# Handy Resources...

## July...

[www.SAFEta.org](http://www.SAFEta.org)

[www.kidsta.org](http://www.kidsta.org)

Futures Without Violence

<http://www.futureswithoutviolence.org/resources-events/webinars/>

IN Coalition to End Sexual Assault (ICESA)

<http://indianacesa.org/>

[www.avahealth.org](http://www.avahealth.org) ACE Study Summary

[www.ncjrs.gov](http://www.ncjrs.gov) National Criminal Justice Reference Service

<http://www.safeta.org/displaycommon.cfm?an=1&subarticlenbr=271#Personnel>

[Sustainability 101: Fostering Collaboration Between SANE Program Coordinators and Medical Directors](#)

<http://ovc.ncjrs.gov/sartkit/>

[www.forensicchealth.com](http://www.forensicchealth.com)

[www.iafn.org](http://www.iafn.org) International Association of Forensic Nurses

[www.indianaena.org](http://www.indianaena.org) Emergency Nurses' Association – see forensic page

[www.icadv.org](http://www.icadv.org) IN Coalition Against Domestic Violence

[www.evawintl.org](http://www.evawintl.org) End Violence Against Women-International

[www.facebook.com/aequitasresource](http://www.facebook.com/aequitasresource) AEquitas

[www.nsvrc.org](http://www.nsvrc.org) National Sexual Violence Resource Center

[www.forensicchealth.com](http://www.forensicchealth.com) – Forensic Health Care Online