Treating Survivors of DV, SA, and Stalking

Eric Parsons & Jaime Gabrielli, The Friendship Center

Whitney Brothers, Emily Sedgwick, & Angie Quintero, St. Peter's Health

*Trigger warning

The Friendship Center

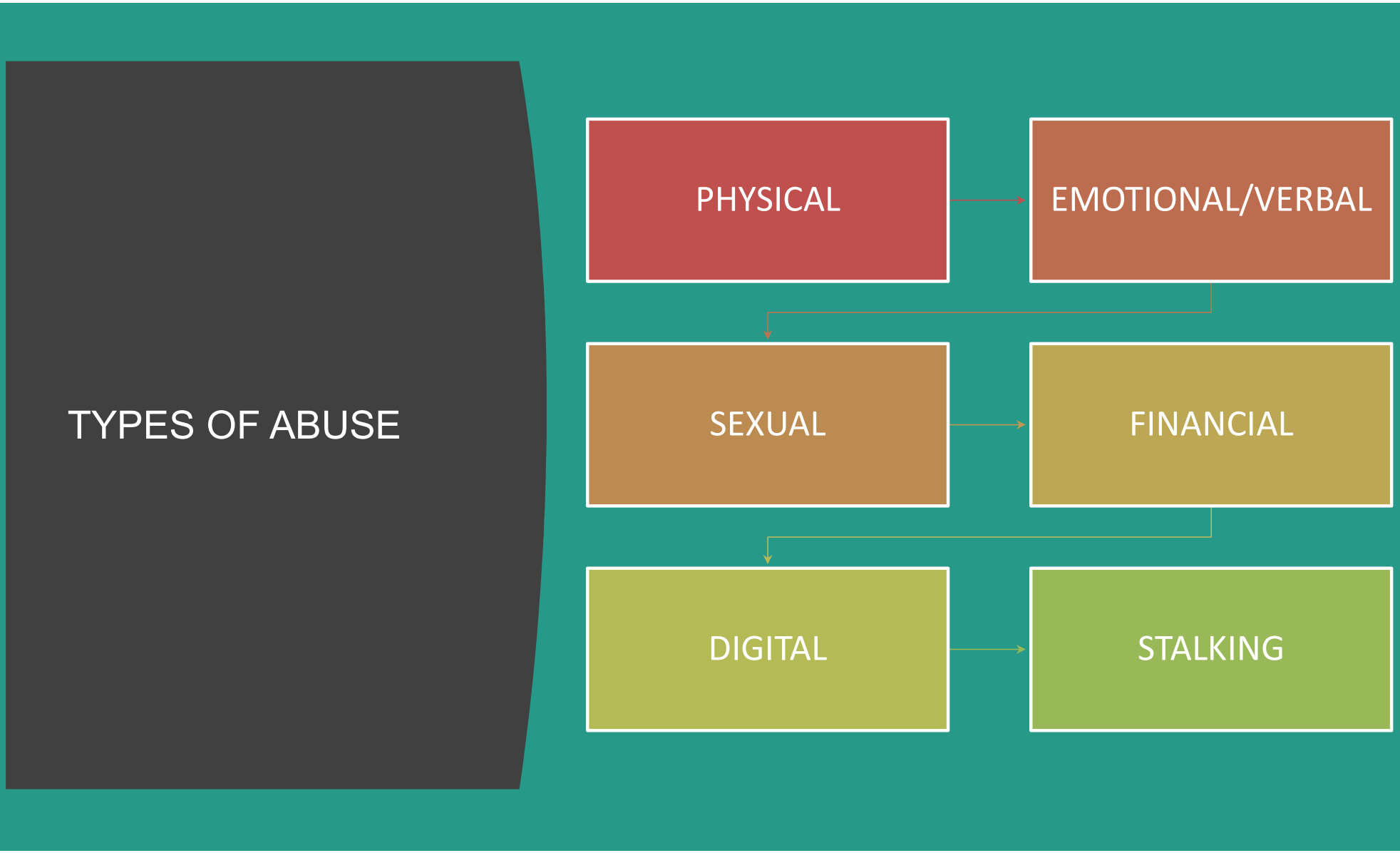
Free, confidential, 24/7

Haven for those affected by domestic violence, sexual assault, and stalking

Service area: Lewis and Clark County, Jefferson County, and Broadwater County

Services include:

- 24/7 Crisis Line
- Safety planning
- Crisis Intervention
- Criminal justice support/advocacy
- Order of Protection assistance
- Forensic Exam/Medical Advocacy
- Help with Title IX & Student Accommodations
- Referrals and Support - on and off campus
- Education and Prevention
- Emergency Shelter and Financial Assistance
- Personal advocacy


TYPES OF ABUSE
PHYSICAL
EMOTIONAL/VERBAL
SEXUAL
FINANCIAL
DIGITAL
STALKING

Common stalking behaviors include:

- unwanted contact
- spreading rumors
- following/spying
- showing up places
- waiting for the victim
- leaving gifts

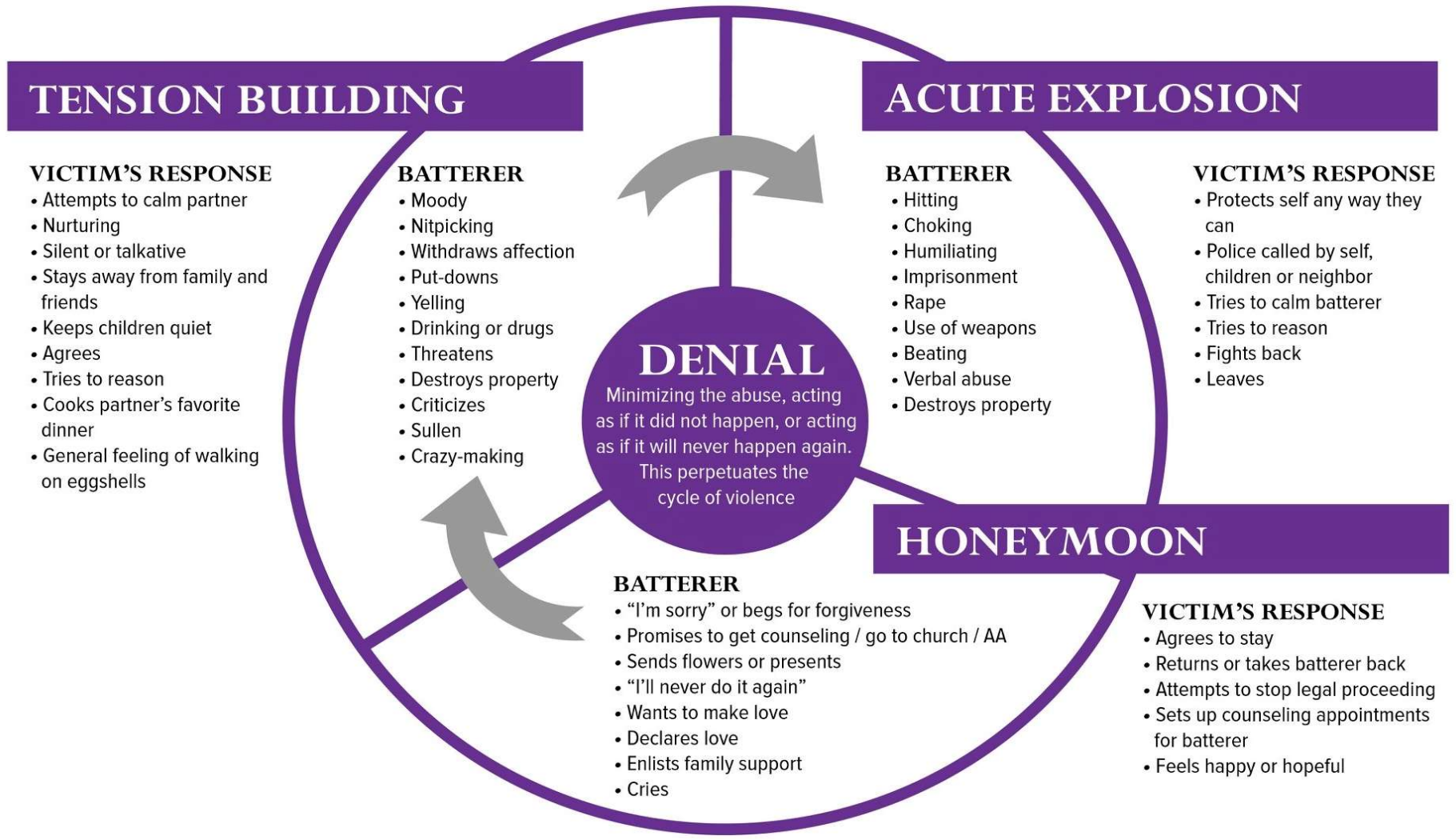
Baum, K., Catalano, S., & Rand, M. (2009). Stalking Victimization in the United States. Washington, DC: Bureau of Justice Statistics.

SPARC STALKING PREVENTION, AWARENESS, AND RESOURCE CENTER

The vast majority of stalking victims are stalked by someone they know[2]

57%	current or former intimate partners
29%	acquaintances
15%	strangers
8%	family members
2%	people of authority


VIOLENCE
physical
sexual
Coercion and threats
Intimidation
Male privilege
Emotional abuse
POWER AND CONTROL
Economic abuse
Isolation
Using children
Minimising, denying and blaming
physical
VIOLENCE
sexual


TENSION BUILDING
VICTIM'S RESPONSE
• Attempts to calm partner
• Nurturing
• Silent or talkative
• Stays away from family and friends
• Keeps children quiet
• Agrees
• Tries to reason
• Cooks partner's favorite dinner
• General feeling of walking on eggshells
BATTERER
• Moody
• Nitpicking
• Withdraws affection
• Put-downs
• Yelling
• Drinking or drugs
• Threatens
• Destroys property
• Criticizes
• Sullen
• Crazy-making
ACUTE EXPLOSION
BATTERER
• Hitting
• Choking
• Humiliating
• Imprisonment
• Rape
• Use of weapons
• Beating
• Verbal abuse
• Destroys property
VICTIM'S RESPONSE
• Protects self any way they can
• Police called by self, children or neighbor
• Tries to calm batterer
• Tries to reason
• Fights back
• Leaves
DENIAL
Minimizing the abuse, acting as if it did not happen, or acting as if it will never happen again. This perpetuates the cycle of violence
HONEYMOON
BATTERER
• "I'm sorry" or begs for forgiveness
• Promises to get counseling / go to church / AA
• Sends flowers or presents
• "I'll never do it again"
• Wants to make love
• Declares love
• Enlists family support
• Cries
VICTIM'S RESPONSE
• Agrees to stay
• Returns or takes batterer back
• Attempts to stop legal proceeding
• Sets up counseling appointments for batterer
• Feels happy or hopeful

MYTH: A “real” sexual assault survivor always reports immediately.

REALITY: Only 10% of survivors ever report to the police, meaning 9 out of 10 victims never report sexual violence to authorities.

MYTH: Most rapes are committed by strangers in dark, isolated locations.

- **REALITY:** Most sexual assaults happen during the day, at home, by someone known to the victim. Studies show only 25% of assaults are committed by strangers.
- **Most victims *first* know their assailant as a friend, partner, service provider, family member, employer, acquaintance, etc.**

MYTH: Women cannot be raped by a boyfriend, partner, or spouse.

- **REALITY**: Sexual assault can and *does happen in long-term relationships*.

Montana law: a *current or previous* dating, social, or sexual **relationship does not determine or prove consent**.

MYTH: If someone really didn't want it, they would fight back.

REALITY: Despite what you might see on TV, most people do not scream or fight during a sexual assault because they **freeze**. It is a **common** reaction for people to **become paralyzed** with fear during a sexual attack.

Montana Law States:

"Resistance by the victim is not required to show lack of consent. Force, fear, or threat is sufficient to show lack of consent."

khou.com

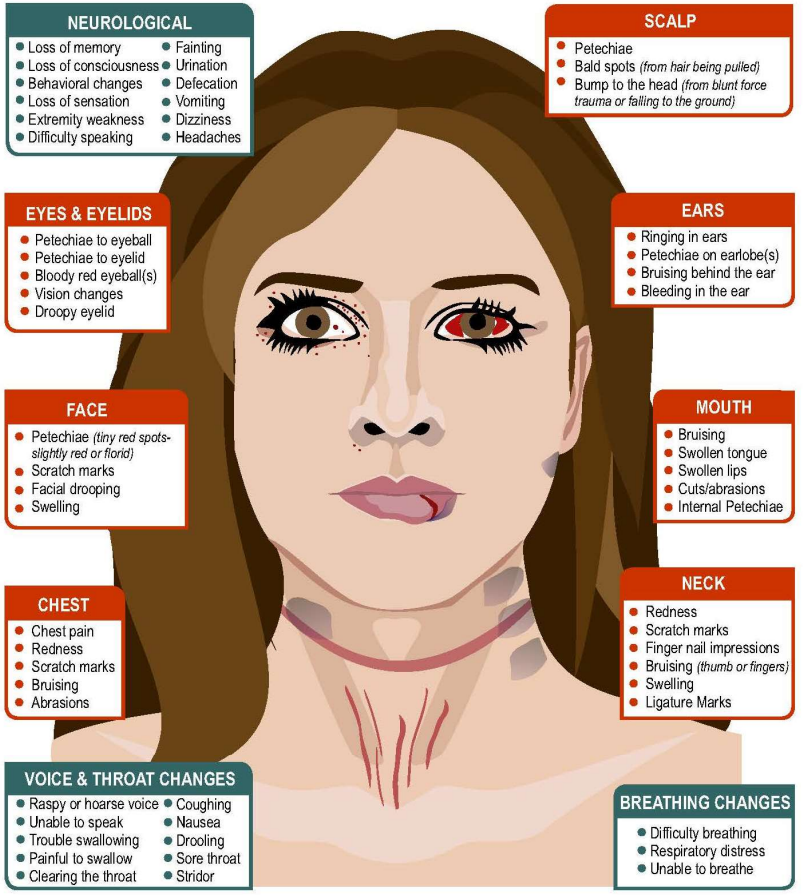
KHOU 11 NEWS STUDIO

PASADENA

Lethality risk factors

- Physical violence has increased
- The offender owns or has access to a gun
- The victim left after living together in the past year
- The offender is unemployed
- The offender has used or threatened to use a lethal weapon
- The offender has threatened to kill the victim
- Forced sex
- Strangulation
- Extreme jealousy
- Assault during pregnancy
- The offender has threatened suicide
- Threats to harm the children
- Stalking
- The victim believes the offender is capable of killing them

SIGNS AND SYMPTOMS OF STRANGULATION



NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots *(from hair being pulled)*
- Bump to the head *(from blunt force trauma or falling to the ground)*

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae *(tiny red spots- slightly red or florid)*
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising *(thumb or fingers)*
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.*

TRAINING INSTITUTE on STRANGULATION PREVENTION

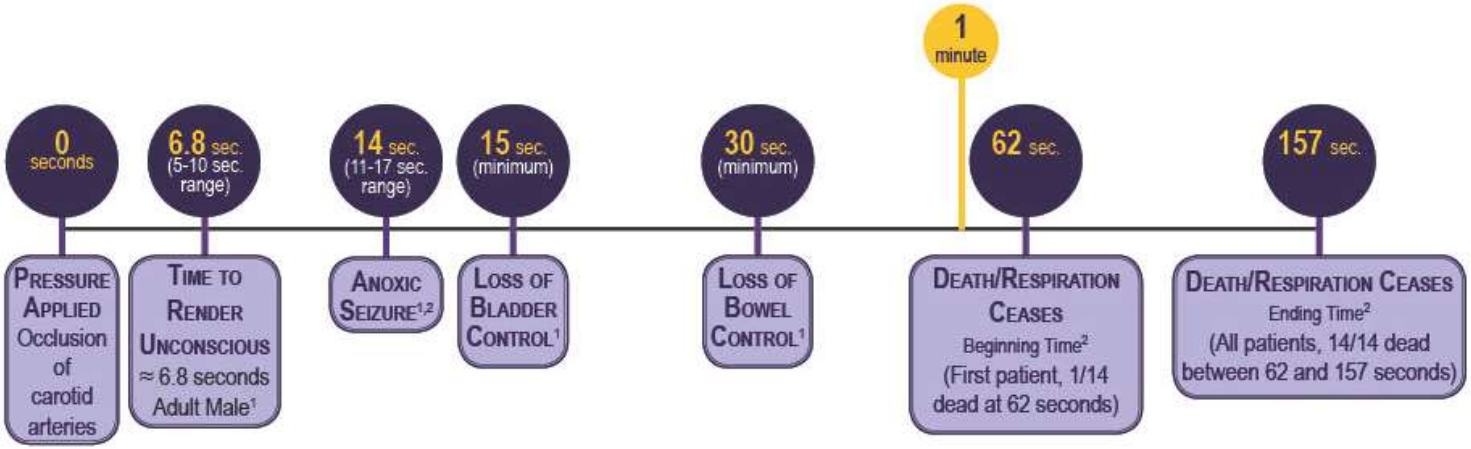
www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves

PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION
Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

v6.18.19

Created by: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Yesenia Aceves, BA; Marisol Martinez, MA; and Ashley Peck



References and Resources

1 Acute Arrest of Cerebral Circulation in Man, Lieutenant Ralph Rossen (MC), U.S.N.R.; Herman Kabat, M.D., PH.D. Bethesda, MD. and John P. Anderson Red Wing, Minn.; Archives of Neurology and Psychiatry, 1944, Volume 50, #5.

2 Anny Sauvagneau, MD, MSc; Romano LaHarpe, MD; David King, MD; Graeme Dowling, MD; Sam Andrews, MD; Sean Kelly, MD; Corinne Ambrosi, MD; Jean-Pierre Guay, PhD; and Vernon J. Geberth, MS; MPS for the Working Group on Human Asphyxia, Forensic Med Pathol 2011;32: 104 – 107.

3 Training Institute on Strangulation Prevention: strangulationtraininginstitute.com

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FIVE MYTHS ABOUT STRANGULATION

Prepared by Gerald Fineman, Assistant District Attorney, Riverside County, and Dr. William Green, Medical Director, California Clinical Forensic Medical Training Center/ CDAA

MYTH 1

STRANGULATION AND CHOKING ARE THE SAME THING

FACT

STRANGULATION is the external application of physical force that impedes either air or blood to or from the brain.

CHOKING is an internal obstruction of the airway by a foreign object.

SOLUTION

Use a diagram.

Compare to the flow of electrical current.

Compare to the flow of air/water through a closed system (fish tank).

MYTH 2

STRANGULATION ALWAYS LEAVES VISIBLE INJURIES

FACT

Studies show that over half the victims of strangulation lack visible external injury. A victim without visible external injury can still die from strangulation.

SOLUTION

Demonstrate cutting off blood flow to your fingertips by squeezing your wrist with your other hand. Upon release of the grip, you will likely have no identifiable marks. If you do, they will be very short in duration.

MYTH 3

IF THE VICTIM CAN SPEAK, SCREAM, OR BREATHE, THEY ARE NOT BEING STRANGLED

FACT

Since strangulation involves obstruction of blood flow, a person can have complete obstruction and continue breathing until the moment they die from lack of oxygenated blood flow to the brain.

SOLUTION

Again, grab your wrist and squeeze. You can still breathe, yet blood flow is obstructed to the fingertips. If this was the victim's neck, they could still have an open trachea (windpipe) but have lack of blood flow to the brain.

MYTH 4

STRANGULATION CANNOT BE HARMFUL BECAUSE MANY PEOPLE PRACTICE IT (MARTIAL ARTS, MILITARY, LAW ENFORCEMENT)

FACT

Martial arts are a form of combat. The military and law enforcement use strangulation as a lethal form of force.

RISK

There are numerous incidents of death resulting from strangulation. This can even occur during otherwise supervised events, such as sporting events, law enforcement training, etc.

MYTH 5

STRANGULATION VICTIMS SHOULD BE ABLE TO DETAIL THEIR ATTACK

FACT

Trauma impacts the brains ability to store memory. In addition, the hippocampus (part of the brain where memory is stored) is the most sensitive to oxygen deprivation.

When a victim is strangled, both factors can impact the ability to recall.

SOLUTION

Give the example of how limiting the flow of electricity to a digital recording device will prevent it from recording.

TRAINING INSTITUTE ON STRANGULATION PREVENTION

strangulationtraininginstitute.com | institute@allianceforhope.com | (888) 511-3522 | 101 West Broadway, Suite 1770, San Diego, CA 92101

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Free, Confidential, 24/7

The Friendship Center

TFC's mission is to be a **safe haven** for those affected by **domestic violence, sexual assault, and stalking** and to **empower** our community to flourish in relationships free from violence.

safe haven

What do Advocates do?

- **"Advocate" comes from the Latin word advocatus and means "a pleader on one's behalf" or "one called to aid."**

- **There are a variety of types of advocates - *customer advocates, patient advocates, victim advocates, youth advocates.***

- **Victim advocates work with victims of crime, abuse, and trauma to provide emotional support, information, and resources.**
  - **"System Based"- employed by a criminal justice agency, serve as the primary contact for that agency and facilitate the victim's participation in the justice process.**
  - **"Community Based" - work in an independent, usually non-profit organization. Provide comprehensive services whether victim chooses to report to authorities or not.**

Community-based advocates may not divulge any information, be called to testify, or be examined without express consent from the victim.

ADVOCATE

PRIVILEGE

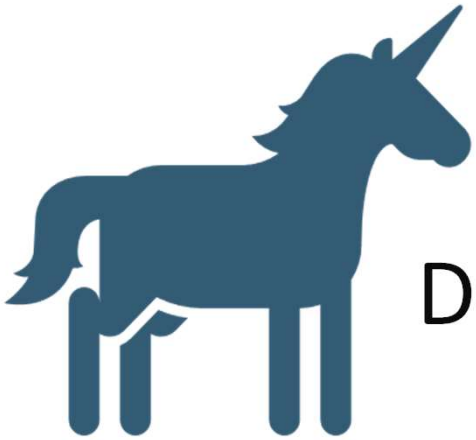
This privilege terminates only upon the death of the victim.

Nurses and advocates are partners within a broad continuum of care and infrastructure of support that prioritizes the needs of survivors.

Victim advocates and healthcare providers form an essential allyship in assisting and supporting victims of domestic violence, sexual assault, and stalking.

Most women experiencing abuse do not like or relate to many common terms used by professionals, including "victim," "battered woman," or "batterer."

Individuals affected by DV/SA often do not self-identify as victims or know how to ask for help.



THE MYTH OF "MUTUAL DOMESTIC ABUSE"

When victims fight back, it doesn't mean they are also abusive. Reactive behavior is a frantic attempt to defend and gain personal freedom.

- Abusers manipulate and force reactive responses to gain the upper hand and avoid accountability.

- **Officers use a <u>primary aggressor assessment</u> to avoid arresting the wrong person and dual arrests.**

- Situational violence does not correspond to a rooted imbalance of power or ongoing pattern of coercive

Interacting with Awareness

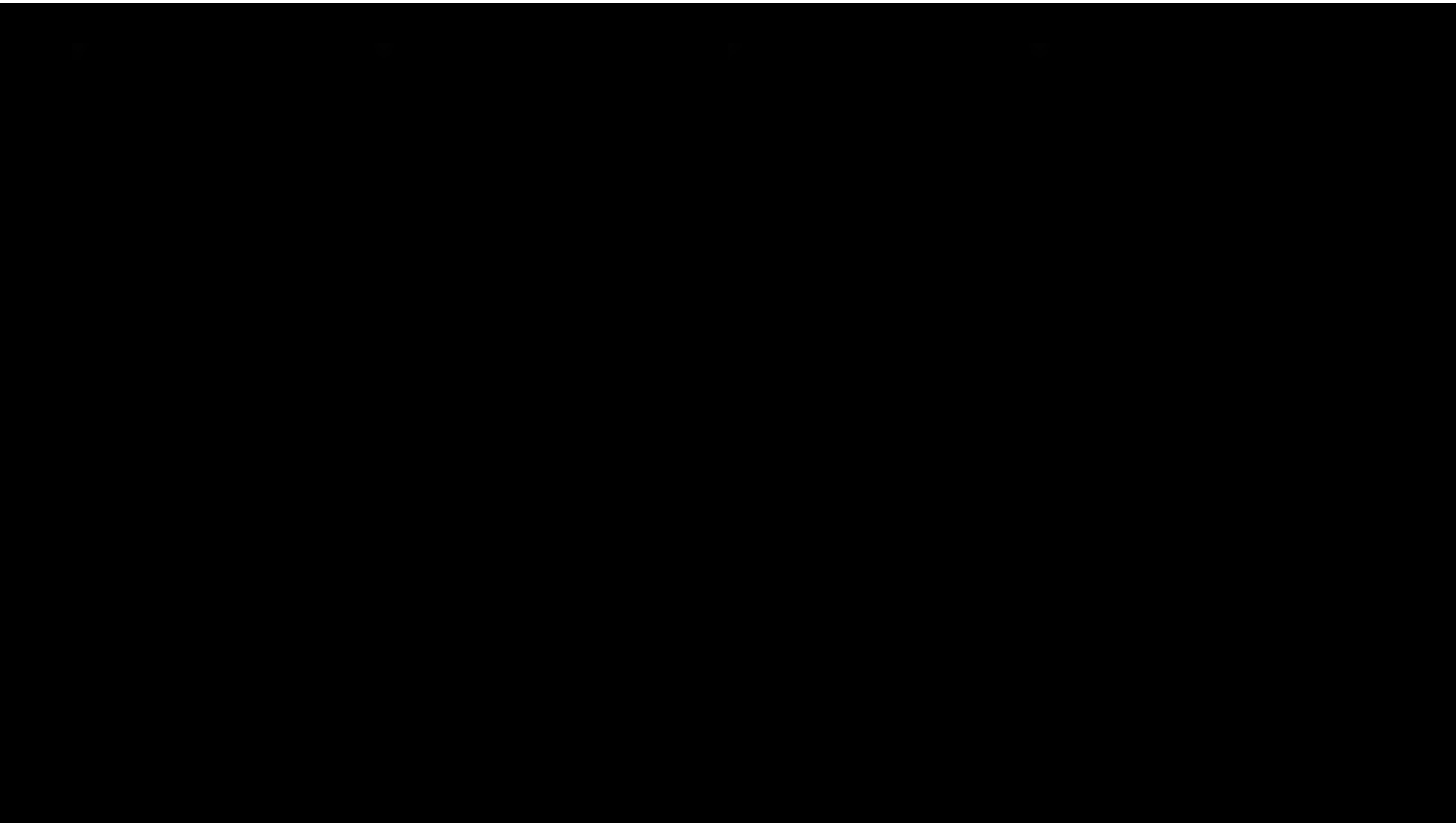
Neurologic,
Immunologic,
Endocrinologic,
Autonomic,
Inflammatory,
Metabolic processes

Diabetes, Headaches, Back Pain, Depression, Addiction, Digestive Diseases, and Memory Loss.

High-Risk Intersections

- Pregnancy
- Homicide leading cause of death for pregnant women in U.S.
- Disability (POA)
- Race/Ethnicity
- Socioeconomic Status
- Unhoused
- Isolated/Rural
- Substance Abuse
- Immigration Status/Language Barriers
- LGBTQ+

Domestic and sexual violence don't discriminate.



What is Trauma?

“What’s wrong with you?”

“What happened to you?”

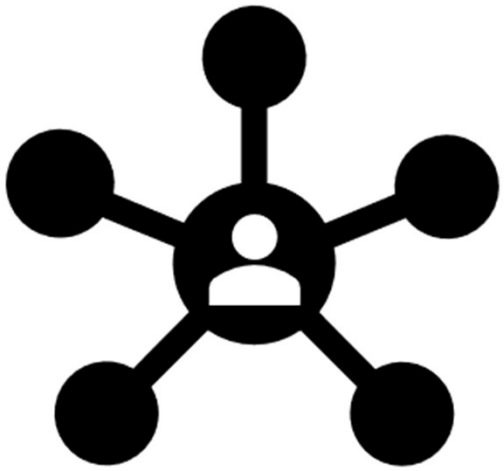
Our ability to function and communicate is deeply IMPACTED by TRAUMA.

The brain's defense circuitry takes over, prefrontal cortex is impaired, and behavior is survival response - **automatic and reflexive.**


FR
220
NAVY

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

~ ***Maya Angelou***



Stay in "Car Wreck" Mode

“Are you Ok?”
“What Can I Do to Help?”

- ***Listen*** and pay attention to nonverbal cues and relationship dynamics.
- Approach the victim in a safe space, not in front of the abuser.
- Frequently remind them the abuse is **not their fault** and they are **not alone.**
- Offer information, resources, support, and educate about options.
- Connect them with local DV advocates-
  “Get them to the people who can help.”
- Respect their decisions and choices about what to do next.
- Keep the lines of communication open.

SAFETY PLAN IS INDIVIDUAL

EVERY SITUATION IS UNIQUE

SURVIVORS ARE THE EXPERTS

Connect survivors with agencies like us for resources and help safety planning.

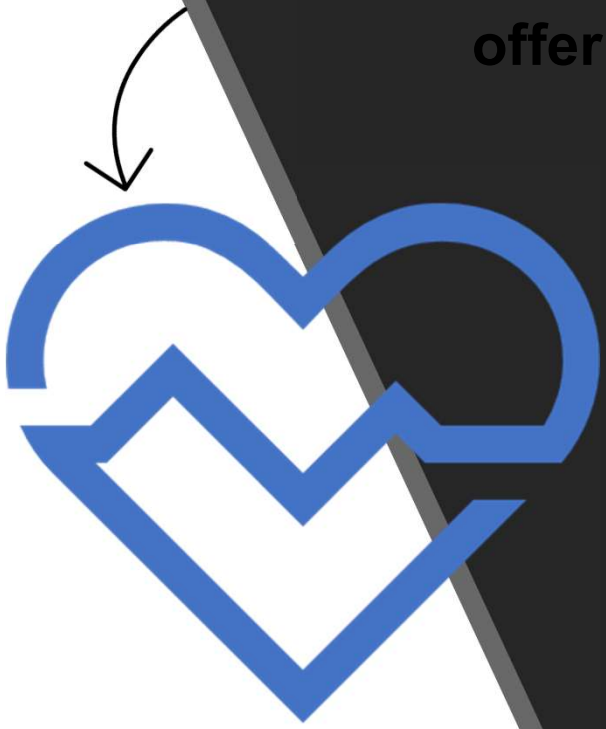
High-Risk Factors Assessment Tools

- Leaving is often the most dangerous period for survivors of abuse.
- 72 % of all murder-suicide victims involve an intimate or former intimate partner.
- 94% of these victims are female.

www.dangerassessment.org

Stalking and Harassment Assessment and Risk Profile (SHARP)

Nurses are in a unique position to recognize DV and offer accurate information and emotional support.



- **Don’t need to have a solution or “fix it”**
- **Conduct routine screenings every time**
- **Use trauma-informed and patient-centered approach**
- **Confidentiality is always paramount**
- **Emphasis on resilience, strengths, and skills**
- **Leverage cultural supports and peer/social connections**
- **Increase safety and wellbeing by focusing on empowerment**

Important Reminders

Care for individuals impacted by abuse and violence is significantly different from care for the average patient.

Focus on holistic patient care, safety, transparency, and building trust.

Safety is always the primary concern for these individuals.
Outside support and interventions can trigger increased risk of harm from abuser.

Be sensitive about recorded or written communication that their abuser might access – *voicemails, texts, emails, billing paperwork*…

Don't try to force patients to disclose or use authoritative approach.
Develop relationships that encourage them to reveal their concerns when ready.

Survivors have had their choices taken away time and again; it is vital that they get to choose what happens next and understand possible consequences.

Discuss confidentiality before conducting DV screening and disclose mandated reporting requirements.

Safety planning is essential while patient is still with their abuser, when they leave, and after the relationship ends.

Scenario

- **You enter the room and notice your female patient has a bruise on her forearm. She's responding to a text message and appears upset.**
- **She states that her husband wants her to come home immediately and says she shouldn't have come by herself, but she thought it would be okay because she thought she only had a sinus infection.**
- **Her phone is now ringing, and she says she must answer it, or she'll be in trouble. She appears visibly upset after the phone call, then says she needs to leave.**
- **Do you see any red flags?**
- **How would you initiate a conversation about IPV?**
- **The urgency to respond to her husband and leave without treatment and the bruise on her arm are red flags. What do you**
- **Convey you're concerned about her health and safety. Ask if you can go through a routine screening and tell her that all information shared will be kept confidential. Offer to call an advocate and remind her she is not alone – the abuse is not her fault. Get her connected with the people who can help.**

What is Vicarious Trauma?

- **We accumulate and carry the stories of those we serve—including images, sounds, resonant details, which can inform our worldview**
- **Learn to recognize signs you or a colleague may be dealing with vicarious trauma (compassion fatigue, burnout, hypersensitivity, disconnection, irritability, exhaustion, depression…)**
- **Integrate wellness practices into your everyday life and craft a path to sustainability for your workplace and as individuals**
- **Outside resources and support – Heal the Healers**

QUESTIONS AND COMMENTS…

SEXUAL VIOLENCE (MCADSV)

FUTURES WITHOUT VIOLENCE

LOVE IS RESPECT

NATIONAL NETWORK TO END DOMESTIC VIOLENCE (NNEDV)

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE (NCADV)

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SEXUAL VIOLENCE & FORENSIC NURSING

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Emily Sedgwick RN, FNE
Angie Quintero RN, FNE

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DEFINITION – SEXUAL VIOLENCE

- **Sexual violence** is an all-encompassing, non-legal term that refers to crimes like sexual assault, rape, or sexual abuse and intimate partner sexual violence.
- **Sexual violence** occurs at any time a person is forced, coerced, and/or manipulated into any unwanted sexual activity.
  - Force can include physical force, threat of force, coercion and/or blackmail.

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DEFINITION – SEXUAL ASSAULT

- **Sexual assault** is any sexual contact or behavior that occurs without explicit consent from the victim.
  - Different forms include rape, fondling or unwanted sexual touching, forcing a victim to perform sexual acts or penetration of the victim's body.
  - For reference – Montana Code Annotated 45-5-502, 45-5-503

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SEXUAL ASSAULT IN THE UNITED STATES

- Every 68 seconds a person is sexually assaulted
- 1 out of every 6 females have been a victim of sexual violence
- 1 out of every 33 males have been a victim of sexual violence
- On average, every year, there are 463,634 victims (ages 12 or older) of sexual assault
- Every 9 minutes a child is sexually assaulted
- Only 25 out of every 1,000 perpetrators will end up in prison

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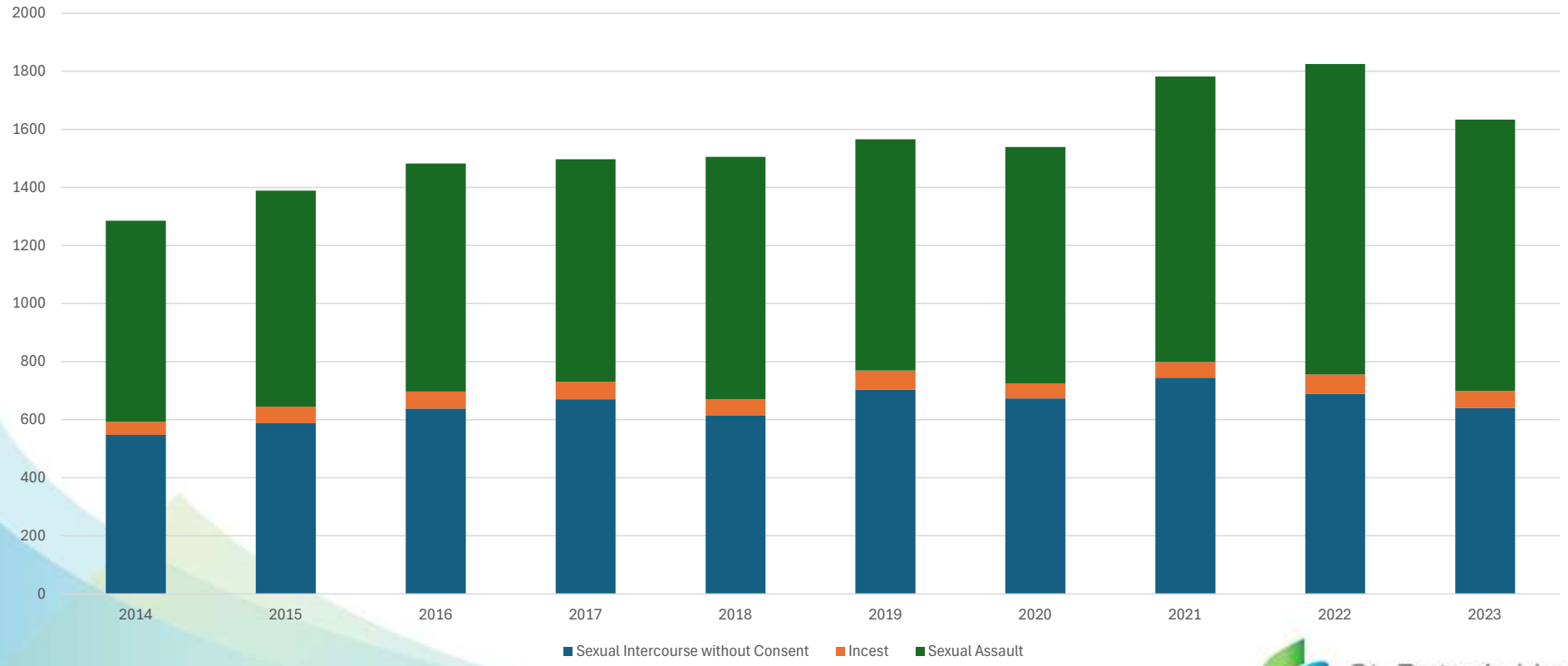
MONTANA SEXUAL ASSAULT INCIDENCE DATA



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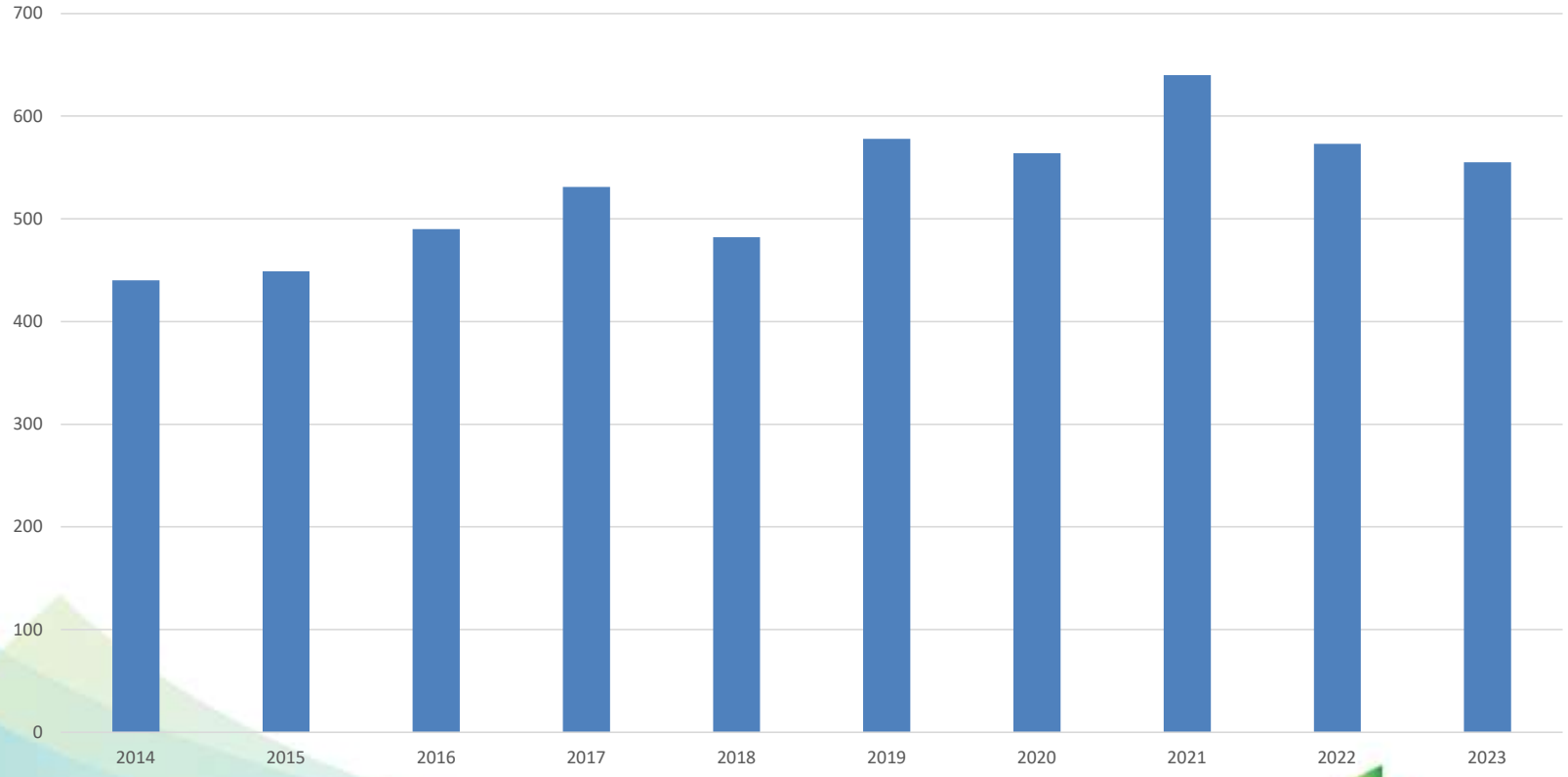
Source: Montana Board of Crime Control, based on data from the Federal Bureau of Investigation, National Incident-Based Reporting System

VICTIMS OF RAPE IN MONTANA



Source: Montana Board of Crime Control, based on data from the Federal Bureau of Investigation, National Incident-Based Reporting System

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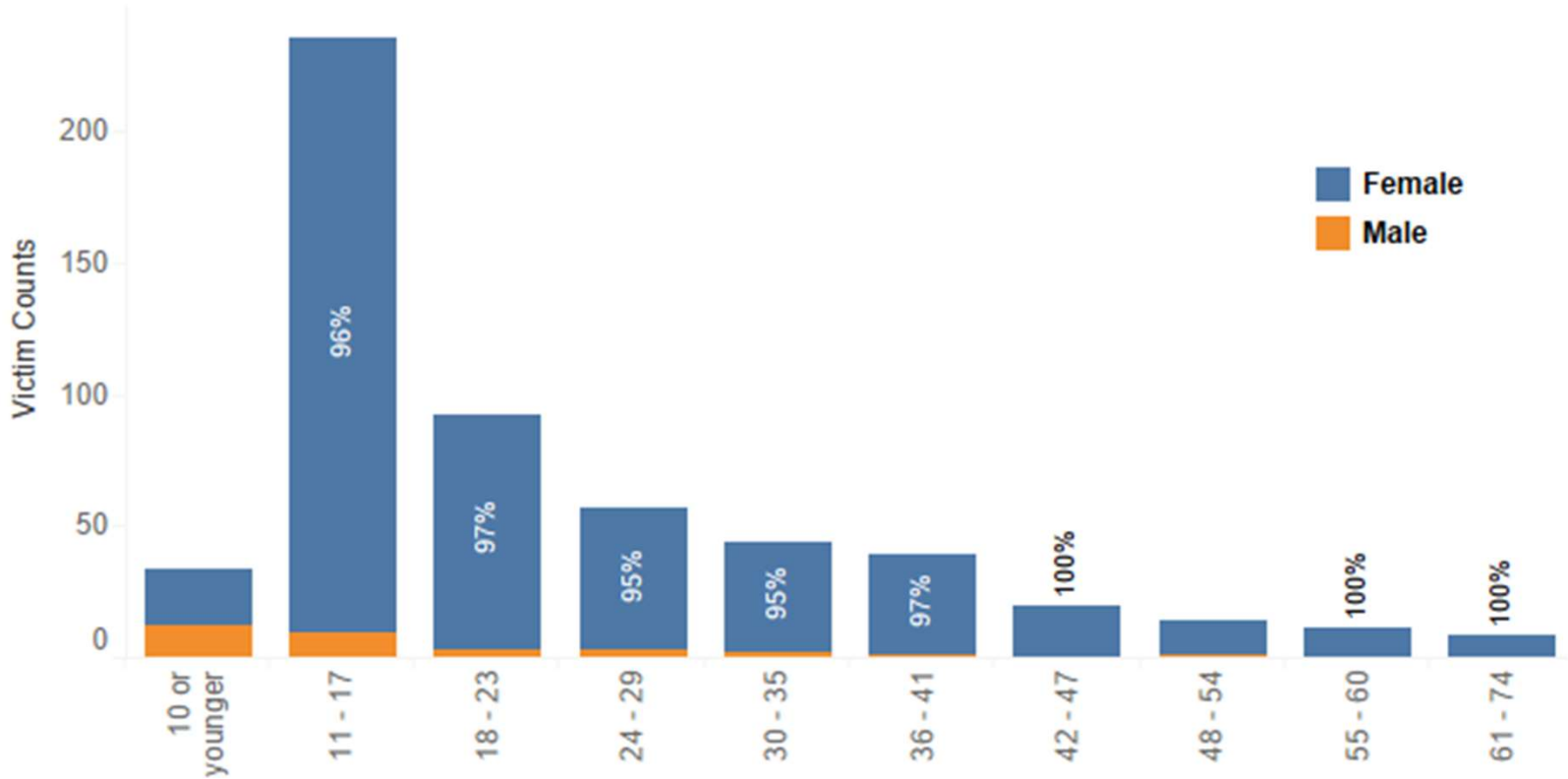
Statewide Gender & Age Groups of Victims



Source: Montana Board of Crime Control Statistical Analysis Center

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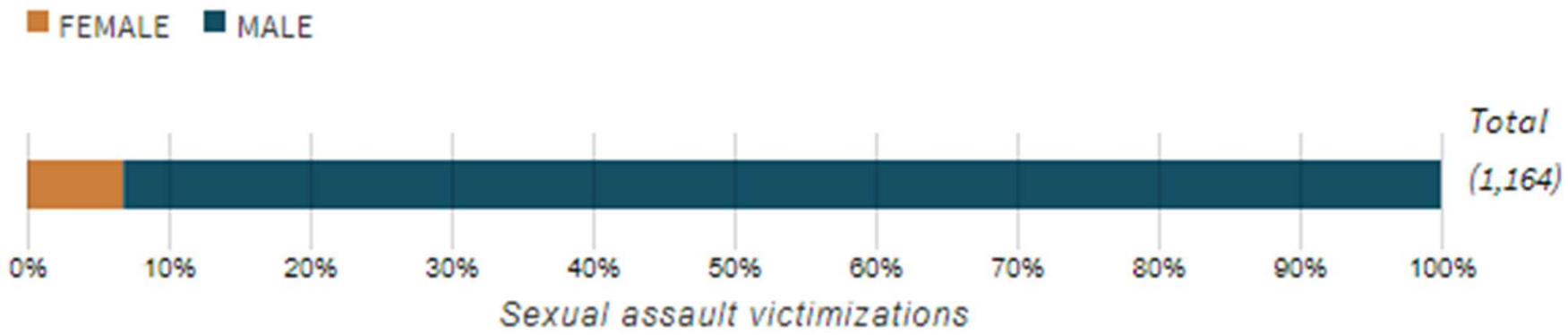
OFFENDER GENDER, 2019



Source: Bureau of Justice Statistics, based on data from the Federal Bureau of Investigation, National Incident-Based Reporting System, 2019.

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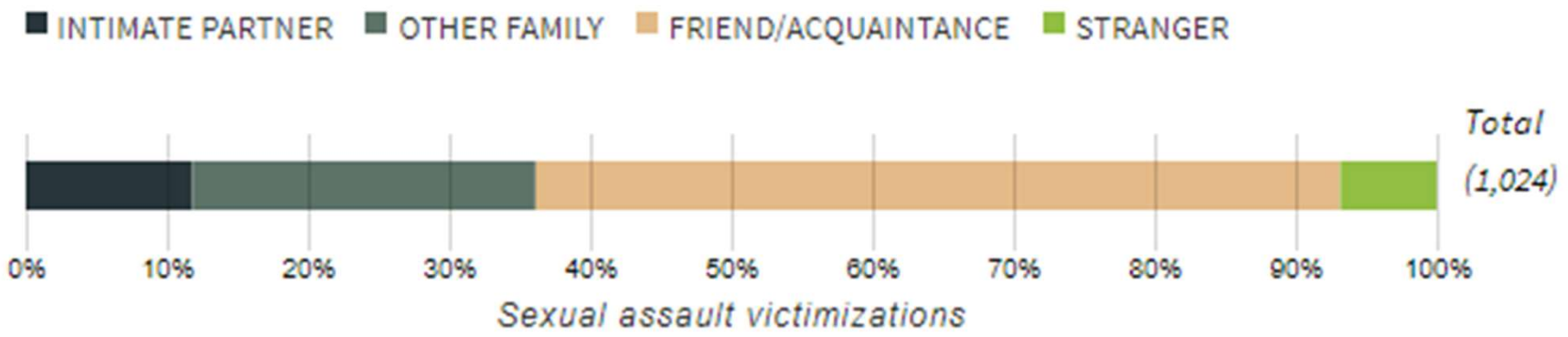
VICTIM – OFFENDER RELATIONSHIP, 2019



Source: Bureau of Justice Statistics, based on data from the Federal Bureau of Investigation, National Incident-Based Reporting System, 2019.

St. Peter's Health

LEWIS AND CLARK COUNTY STATISTICS

- St. Peter's Health Statistics 2023
  - 64 total patients
  - 55 total patients
  - 9 pediatric patients

- Law Enforcement – about 100 reported cases yearly
  - Lewis and Clark County Sheriff's Office
  - Helena PD

St. Peter's Health

ST. PETER'S HEALTH FORENSIC NURSE PROGRAM

- Goal is to provide services to patients who have experienced sexual violence, domestic violence, child abuse, or non-fatal strangulation
- Perform medical forensic exams with DNA evidence collection
- We perform both adolescent/adult and pediatric sexual assault exams

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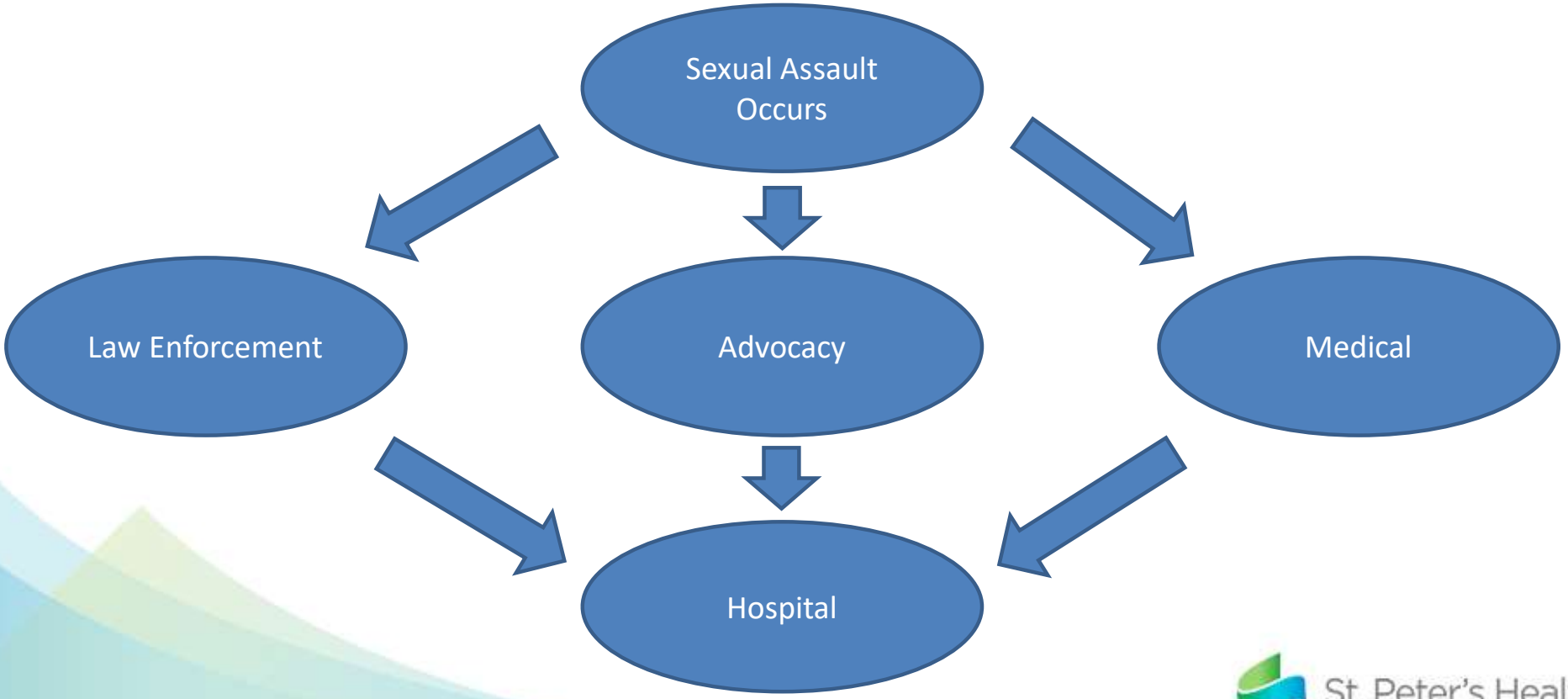
SART/SANE

- **Sexual Assault Response Team** – a multidisciplinary team who works together to provide interagency, coordinated responses to sexual assault victims
  - Provides the victim access to comprehensive care and community resources
  - Minimizes continued trauma for the victim
  - Allows the victim to develop a safety plan
  - Increases the likelihood that offenders will be held accountable
- **Sexual Assault Nurse Examiner** – a registered nurse who has been trained in the comprehensive medical and forensic care of a patient who has experienced sexual assault

SART/SANE

- Why is a SANE an essential component of the SART?
  - SANE increases the consistency of care given to sexual assault patients
    - More responsive to the emotional needs of the patient
    - Provide trauma informed care and treatment
    - Evaluation/documentation of injuries
    - Collect evidence
    - Administer medications
    - Can be an expert witness in court

COMMUNITY RESPONSE



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ACTIVATING THE SART

- How can a victim present?
- FNE and advocate respond to the hospital
- Law enforcement will respond if requested
- Advocate will discuss options with the patient
- Gather the history
  - Medical/surgical history
  - Assault history
- Typically don't interview under the age of 13 – refer to the CAC

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COMMUNITY RESPONSE – HOSPITAL

The Sexual Assault Response Team is activated and all of these people come together to surround the patient and provide them with all the resources and services

ER Staff
Forensic Nurse

Victim Presents to the SPH

Law Enforcement
(if reported)

Advocate

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MOST IMPORTANT

- Addressing the victims health and wellbeing
- Evidence collection always comes secondary to medical

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OPTIONS AVAILABLE TO VICTIMS

- All about choice! Victims gets to decide every step!
- We do not notify anyone of your assault unless you request. Including law enforcement, your parents, school

- Report to law enforcement?
  - Over the age of 18, has the opportunity to report or not.
  - Utilize the FREPP program
- Have a medical exam?
  - Opportunity to have an ER physician provide an exam to ensure their body is okay
- Have a medical forensic exam with DNA evidence collected?
  - The forensic nurse will complete this
  - Photographs taken
  - Sexual Assault Kit collected

St. Peter's Health

REVIEW CONSENT FORM

D. PATIENT CONSENT

A forensic medical examination can, with your consent, be conducted to collect evidence of a sex crime. The forensic examination consists of the following procedures: Obtain pertinent patient/assault history; Perform physical examination; Administer appropriate medical treatment; Screen for pregnancy and/or administer medications for pregnancy prophylaxis, if appropriate; Screen for sexually transmitted diseases and/or administer medications for STD prophylaxis, if appropriate; Collect evidence including, but not limited to, clothing, swabs of stains/debris, fingernail swabs, vaginal swabs, rectal swabs, and reference DNA sample; Collect blood and urine specimens for drug/alcohol testing (toxicology), if indicated; Photograph physical injuries - which may include genital area - to be used as evidence; Release evidence collected and information obtained to law enforcement.

Please check a box below:

- ☐ I request to report this sexual assault to the law enforcement agency that has jurisdiction of where the assault occurred and have forensic evidence collected. I understand that the law enforcement agency shall send my Sexual Assault Evidence Kit to the Montana State Crime Lab within 30 days
- ☐ I do not want to report this sexual assault at this time to any law enforcement agency, but I request to have forensic evidence collected. I understand that my Sexual Assault Evidence Kit will be sent to the FREPP program within the Montana Department of Justice Office of Victim Services. My Sexual Assault Evidence Kit will remain in the FREPP program until I file a report with a law enforcement agency or contact the Office of Victim Services. I acknowledge if I do not file a report within one (1) year then the Office of Victim Services may destroy my Sexual Assault Evidence Kit.
- ☐ I do not want to report this sexual assault at this time. I decline any forensic evidence collection. I only request to be evaluated by a medical provider.
- ☐ I do not want to report this sexual assault at this time. I decline any forensic evidence collection. And I decline to be seen by a medical provider at this time.

Patient Request:

- ☐ I request that a victim-witness advocate be contacted on my behalf
- ☐ Other request (specify): _____

If I choose to report to law enforcement, I authorize the agents of the above named medical facility to release the medical report and evidence collected to the appropriate law enforcement agency.
I understand that this is not a routine medical checkup, and that the clinician doing the exam will not be held responsible for identifying, diagnosing, or treating any existing medical problems. I hereby waive all medical privilege in connection with the examination, treatment, and evidence found. I expressly authorize the use of such information/evidence in any subsequent criminal proceedings against the assailant(s). I also consent to the review of the medical/forensic evaluation by a multidisciplinary team for the purpose of coordinating the investigation and interventions. The multidisciplinary team may include professionals from many disciplines including law enforcement, prosecution, child protection, mental health/advocacy and health care.

Signature of Patient (or Guardian-Relationship) Date

Clinician Signature Date

DISTRIBUTE ALL PAGES OF THIS DOCUMENT AS LISTED BELOW

1 **Original** (Law Enforcement – Put in Envelope on Underside of Kit) **Yellow** (Crime Lab – Put in Sex Crime Kit) **Pink** (Medical Facility) MT100A:STEP1.2 7/20

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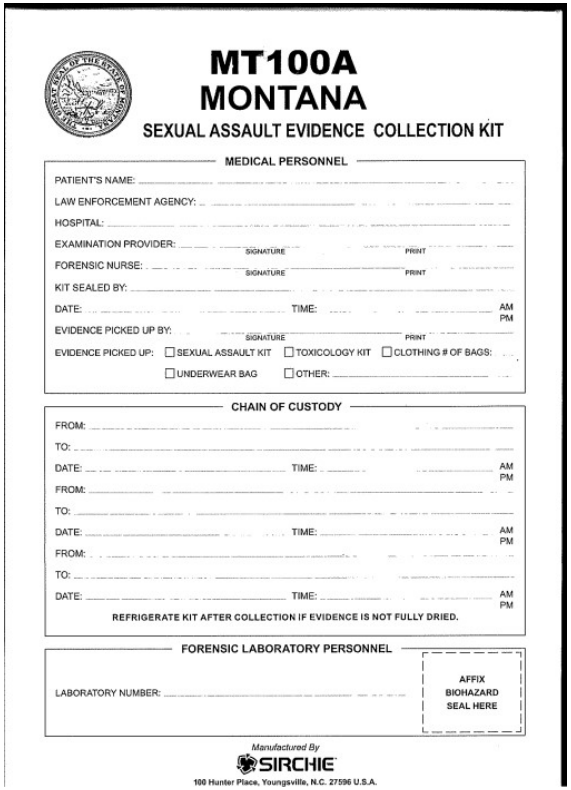
FORENSIC MEDICAL EXAM

- Can be completed up to 120 hours (5 days)
- People present for the exam include the patient, the SANE and the advocate
- Non-invasive vs. Invasive (clothes on vs. clothes off)



MT100A
MONTANA
SEXUAL ASSAULT EVIDENCE COLLECTION KIT

MEDICAL PERSONNEL

PATIENT'S NAME:
LAW ENFORCEMENT AGENCY:
HOSPITAL:
EXAMINATION PROVIDER: SIGNATURE PRINT
FORENSIC NURSE: SIGNATURE PRINT
KIT SEALED BY:
DATE: TIME: AM PM
EVIDENCE PICKED UP BY: SIGNATURE PRINT
EVIDENCE PICKED UP: ☐ SEXUAL ASSAULT KIT ☐ TOXICOLOGY KIT ☐ CLOTHING # OF BAGS:
☐ UNDERWEAR BAG ☐ OTHER:

CHAIN OF CUSTODY

FROM:
TO:
DATE: TIME: AM PM
FROM:
TO:
DATE: TIME: AM PM
FROM:
TO:
DATE: TIME: AM PM

REFRIGERATE KIT AFTER COLLECTION IF EVIDENCE IS NOT FULLY DRIED.

FORENSIC LABORATORY PERSONNEL

LABORATORY NUMBER:

AFFIX BIOHAZARD SEAL HERE

Manufactured By
SIRCHIE
100 Hunter Place, Youngsville, N.C. 27596 U.S.A.

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FORENSIC MEDICAL EXAM – NON-INVASIVE

- Obtained informed consent for examination and treatment
- Education regarding medications that are available and offer
- Pregnancy prevention/STI prophylaxis medications
- PMH/PSH/Medications/Suicide & Safety assessment
- Vital signs/head to toe assessment
- Oral swabs/known DNA sample

PREGNANCY PREVENTION/STI PROPHYLAXIS

What do we offer?

- Pregnancy testing
- Pregnancy prevention – Ella/Plan B
- Testing
  - HIV/syphilis/hepatitis B
- Medications
  - Rocephin – Gonorrhea
  - Zithromax or Doxycycline – Chlamydia
  - Flagyl – Trichomonas and BV
  - PEP – HIV

What do we NOT offer?

- Testing
  - Gonorrhea
  - Chlamydia

FORENSIC MEDICAL EXAM – INVASIVE

- Patient removes clothing and into a gown
- Performs a head to toe assessment
- Document/photograph injuries with digital camera/colposcope/measuring tape
- Alternate light source – swabs as needed

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FORENSIC MEDICAL EXAM – INVASIVE

- Genital exam – people with a vagina
  - Document/photograph injuries with digital camera/colposcope
  - Toluidine blue dye
  - Speculum exam
  - Assess the vaginal canal/cervix for injury
  - Document/photograph injuries
  - Collect swabs
  - Genital piercings will be swabbed

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FORENSIC MEDICAL EXAM – INVASIVE

- Genital exam – people with a penis
  - Document/photograph injuries with digital camera/colposcope
  - Collect swabs (dried swabs)
  - Genital piercings will be swabbed

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FORENSIC MEDICAL EXAM – INVASIVE

- Genital exam – anal exam – assessed on all patients
  - Document/photograph injuries with digital camera/colposcope
  - Collect swabs (dried swabs)
  - Toluidine blue dye
  - Anoscope if indicated
    - Typically completed by an ER provider

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FORENSIC MEDICAL EXAM

- Review findings with the patient
- Review education regarding injury/strangulation/follow up care
- Allow for patient to shower/change clothes
- Discharge patient with advocate

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FORENSIC MEDICAL EXAM - DOCUMENTATION

- SANE completes exam report
- Swabs are sealed and placed in the kit
- Chain of custody
- LE collects the sexual assault kit directly from the SANE
- Tracking Sexual Assault kits (SAKI)

SEXUAL ASSAULT RESPONSE TEAM

- Meet monthly
- Discuss and form the protocols and procedures for our response
- Case Review of reported cases
  - Discuss background of case
  - Discuss current steps
  - Discuss what needs to happen next
  - Discuss law enforcement role
  - Discuss prosecution role
  - Track trends/data of these cases

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WHAT CAN A SANE TESTIFY TO?

- What the patient reported during the interview
- How the SANE conducted the exam
- What injuries were present up the exam
  - documentation and photographs
- If the injuries were consistent with the patient's statement or not
- The patient's emotions and demeanor during the exam

WHAT CAN A SANE NOT TESTIFY TO?

- Whether or not the patient was sexually assault
- Whether or not the patient has had sex recently or ever
- How old the injuries are and how they were obtained
- Whether or not there is semen present

TIPS FOR SPEAKING WITH THE PATIENT

- First impression matters!
- Set the tone!
  - Body language, demeanor, responses
- Physical positioning
  - Below the line of sight can be less intimidating (sit or kneel)
- Verbal communication
  - Asking questions in a non-judgmental, non-threatening way
  - Explain questions/procedures prior to doing something
  - Ask for consent

TIPS FOR SPEAKING WITH THE PATIENT

What to say!

- Acknowledge difficulty of the situation
- This isn't your fault
- I believe you
- Thank you for telling me
- I want to make sure you're okay
- Your health, safety and wellness is a priority
- Thank you for trusting us with this information
- You have some control over this process
- What would you like to happen

What NOT to say!

- Why did you…
- Why didn't you…
- Do you want to press charges?
- Are you willing to go to court?

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THINGS TO CONSIDER FOR ALL PATIENTS

- Pap smear/pelvic exams
- L & D procedures
- Mammograms
- Catheterizations
- Non-emergent intubation
- Any procedure where on instrument must be placed in the mouth
- Touching the patient's body
- Lying down on back for exam
- Being asked to lay still
- Having to disrobe
- Closed doors
- Care providers are masked

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