CSI versus CSP

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Objectives

- Define sexual assault and human trafficking
- Discuss pre-hospital care of the victim of assault
- Discuss Emergency Department and hospital care of the victim of assault
- Identify concurrent injuries
- Discuss reporting options
Definition of Sexual Assault

- Sexual assault is a crime of power and control in which sex is used as the weapon.

- Sexual assault is a crime against women and men, children and the elderly and crosses all ethnic and socio-economic populations.
Definition of Human Trafficking

Sex trafficking in which a sex act is induced subjection to involuntary by force, fraud, or coercion, or in which the person induced to perform such an act for the purpose of subjection to involuntary servitude, debt bondage, peonage, or slavery.
A few statistics......

- Rape is most under reported crime
- As many as 1 in 5 girls and 1 in 7 boys are sexually abused prior to age 18
- An estimated 13 million woman in US
- 1 in 4 women are victims of rape or attempted rape
- 85% of perpetrators are friends, acquaintances or family member
- 2-4% of reported sexual assaults are false
• Someone is a victim of domestic violence every 10 seconds.

• Someone is a victim of sexual assault every 20 seconds.
• Every 30 seconds a sexual predator
• enters a social media site looking for
• a vulnerable person to start the
• grooming process for that person to
• become their next victim.
Sexual Assault Facts in Wisconsin

- Only 1 in 10 sexual assault reported to police
- 92% of victims are female
- 98% of assailants are male
- 93% assailants are known to victim
- 10% involved dangerous weapons
- 57% occurred in victim’s or assailant's home
- Average age of victim: 15 years
- Average age of assailant: 25 years
The Victim

- There is no “typical” victim or response to rape or other physical violence
- Rape is ultimate violation of self, short of homicide
- Rape is not about sex or lust – it is about power, control, manipulation, humiliation and degradation

- The evaluation if intrusive!!
Many survivors of assault experience:

- Sadness
- Shock
- Horror
- Disbelief
- Anger
- Shame and/or embarrassment
- Pervasive feeling of fear
  - Fear about what happened, fear of it happening again, fear of the reactions of others
In addition, some survivors feel a basic sense of relief as they thought they were going to die.
Pre Hospital Care

- Scene Safety
- Believe the victim
- Recognize that sexual assault or violence is neither “asked for” nor deserved
- Never, ever blame the victim
- Be Non-judgmental
- Treat life threatening injuries first
- Only ask healthcare related questions
- Save all urine and clothing to give to SANE/FNE and Law Enforcement
Pre-Hospital Care

- Listen attentively.
- Support and encourage
- Help them realize that they can take control over their life
- Have then identify safety issues needed immediately for themselves and their children, and may also have to help with arrangements for pets.
Research supports that the degree of post traumatic stress that a survivor experiences is effected by the compassionate care given by all personnel they come in contact with.
Where do we find DNA?

- Human bite marks
- Any contact to skin by mouth of assailant (sucking, licking)
- Any deposits of blood from assailant
- Deposits of cells under fingernails from victim scratching assailant
- Advise: Don’t wash skin or allow victim to do so.
Once flushed........

Gone forever......
Possible Evidence at the Scene

- Clothing
- Debris
- Ambulance blankets
- Place all items in a separate paper bag, if law enforcement is present, they will have the bags and evidence can be given to them directly

- PLEASE HANDLE ALL ARTICLES WITH GLOVED HANDS!!!
If you suspect drug facilitated sexual assault, notify law enforcement and the staff at the Emergency Department. Do not discard any bodily fluids.
If you suspect the victim may be a victim of human trafficking, please be careful as trafficker may be present. Notify the ED or forensic nurse examiner of the possibility. If your patient is an adult, she/he may not want law enforcement involvement.
What would you say to your patient?
What do you say to a victim?

- You should communicate three messages to the victim:
  
  - “I am very sorry this happened to you.”
  
  - “The assault is not your fault.”
  
  - “I am glad you are alive—you are safe now.”
Document your questions in quotations and your patient’s responses in quotations.

Remember, your transport record is a legal document and you could be called to testify in court, in the future.
Care Once at the Emergency Department

Triage as usual, whether the patient arrives in an ambulance, with law enforcement, with family or friends, or if they are alone.

If you work at a hospital with a forensic program, contact the forensic nurse.

If your hospital does not have a forensic nurse, have your physician medically clear your patient and then contact the closest forensic program for consultation.

Remember to preserve urine and any other body fluids for testing.
Care Once at the Emergency Department

Be supportive and provide comfort care that patient requests unless it will compromise evidence collection.

Most forensic programs will want you to have the patient transferred to their facility for care. They will also answer any questions you have to make a smooth transition for the patient.

Send copy of medical records and test results with the patient. (i.e. urine pregnancy test for females of child bearing age, or breath/blood alcohol results.)
Care of a patient that discloses assault once an inpatient, should be treated the same as if in the ED, except the patient may not be able to be transferred to the hospital where the Forensic Program is located. Some forensic nurses will come to your facility.
Document ......

Document ............

Document ............
Possible Concurrent Injuries

- Lacerations
- Abrasions
- Contusions
- Ligature marks
- Bite marks
- Suction marks (i.e. – hickeys)
- Strangulation
How would you describe this injury in your record?
How would you describe this injury in your record?

What special care would you take?
How would you describe these injuries in your medical record?
120 hours
Other Concurrent Concerns with Human Trafficking

- Untreated chronic health conditions
- Malnutrition
- Substance abuse
- Mental health issue (i.e. –depression, anxiety, suicidal ideation and Post traumatic stress)
- Stockholm syndrome (victim develops positive feelings toward trafficker, defending them and misinterpreting abuse as acts of kindness)
Red Flags for Potential Human Trafficking

- Dehydration, heat stroke or exhaustion, chemical or pesticide exposure
- Eating disorders
- Persistent or untreated urinary tract infections
- Persistent or untreated STI’s
- Abnormally high number of sex partners
- Repeated abortions or miscarriages
- Branding tattoos - signs of self-injury
- Hyper startle reflex, guarded or withdrawn
Know that many survivors may wait hours, days, weeks or even years before seeking services or telling anyone about the assault.
In Summary,

- Remember, you are essentially dealing with a victim of a crime & as such, take precautions necessary to safeguard potential evidence.

- Discourage victim from rinsing, showering, combing her/his hair, changing clothes, brushing teeth, etc.

- Contact forensic nurse with any questions
Avoid cleaning and dressing minor wounds.
Avoid performing in-depth subjective interview regarding the incident.
Limit patient interview and objective physical exam to only what is pertinent to visible injuries and those claimed by the victim and for identifying wounds that need treatment
It is law enforcements duty to investigate and determine charges for the individual case
The adult victim of sexual assault has reporting options.....
• Can report to police and have evidence collection
• Can decide Not to report to police and Not have evidence collection
• Evidence collection can be done if the victim is undecided and sent to the crime lab for safe keeping
• Statue of limitations is 6 years
• For undecided cases, check with your crime lab to see how long they will hold the evidence kit.
The adult victim of sexual assault may choose not to have an exam at all and only want antibiotic treatment to prevent a STI’s, and the *Morning After Pill* to prevent pregnancy.

They may also want preventative treatment for HIV.

Whatever decision the survivor makes should be supported by all.
• If your patient is a child, less than 18 years of age, we are all mandatory reporters. We are required to report either to law enforcement where incident occurred or to Child Protective Services where the patient lives. They are required to speak to each other.

• Know your organizations policy.
Important Takeaway

Your patient’s body is a crime scene, so please protect it.
Takeaway

Except for children, the adult patient has reporting options.
Takeaway

Your patient may have concurrent injuries that need evaluation and treatment.
Takeaway

Remember, your compassionate care and support can make a World of Difference for your patient.
Questions???
• Contact for Unity Point Meriter Forensic Program 608-417-6000 and ask the operator to page the Forensic Nurse for you. Someone is available 24/7/365.

• If you have a SANE Program near your location, have their contact information readily available.

• My contact information – jlfisher@tds.net
Resources

- Forensic Nursing, Author Virginia Lynch

- Forensic Emergency Medicine, Authors Jonathan Olshaker, M. Christine Jackson, and William Smock

- Human Trafficking, Emergency Nurses Association, Author Katie M. Bush MSN, APRN, FNP
Thank you for your kind attention
And
Thank you for the Amazing service you provide for your communities and the Awesome work you do!!!!!!!