2013 Pre-Conference Track: Forensic Clinical Response to Victims of Violence Against Women

April 2, 2013
Hilton Baltimore
401 West Pratt Street
Baltimore, Maryland

This 1-day only Pre-Conference Track will include a full day of workshops specifically focused on the health care response to gender-based violence. Join experts in the field as they present a range of exciting topics and research. Participants may attend the Pre-Conference Track in addition to – or instead of – the full 3-day EVAWI Conference, April 3-5, 2013.
Historically, the forensic science community used secretor status as the method for excluding suspects in rape cases. Prostatic enzyme was viewed as confirmation of sexual contact with a male(s). In the early days, documentation included Tanner stages, but not descriptions about the cyclic effects of hormones. Recently, literature has revealed that estrogenic effects are present in children as early as 6 years of age and in some women have visible estrogen effect after menopause. With the advent of RFLP DNA analysis in the 1990s, the sample size necessary to identify the offender was so large, that many cases with minute or mixed samples remained unsolved and evidence was consumed. The forensic laboratory community has since developed a number of highly technical methods for DNA recovery, including STR, mitochondrial, Y-STR, as well as enhanced Y-STR along with machines that evaluate multiple samples faster. These newer sensitive and speedier methods have challenged the traditional time frame of 3 days for recovery of DNA, even in mixed samples. Recently, important studies have looked at recovery past the historical 72 hours and found persistent evidence in the cervix. Two studies challenge the prevailing wisdom about DNA recovery – the time constraints for recovery and the location for the best sample. The impetus for both studies came from interprofessional presentations and discussions by advanced practice forensic nurses with physicians, laboratory directors and forensic nurses. It is known that the genital structures change in appearance throughout the monthly cycle and over the lifespan of the female. The changes in appearance are predictable but not studied in the context of the forensic sciences or recovery of post-coital DNA. Vaginal and cervical changes in an environment that accompany the estrogenic changes of the entire genitourinary track across the lifespan as well as an overview of the vaginal and cervical environment will be reviewed using the validated clinical tools in the study. The addition of ejaculate to the environment will be discussed in the context of the post coital environment to lay a foundation for future questions and explanations for why a forensic sample produced (or did not produce) recoverable DNA. Finally, the study protocol for post-coital DNA recovery will be explained and the final results that reveal with enhanced Y-STR methods, DNA can be recovered past 96 hours from the posterior fornix.
and the cervix. Entire SART teams are encouraged to attend this presentation to discuss the impact on their protocols locally.

**Objectives:** The participant will be able to:
1. Briefly introduce the history of evidence collection traditions in rape cases
2. Review the impact of DNA use in rape cases
3. Apply current knowledge about human cavity environments that will influence the recovery of DNA following rape
4. Understand the study methods and protocol followed by volunteer proxy couples
5. Apply the new information about evidence collection timing to local protocols by using the results from the NIJ Post Coital DNA Recovery study with fertile proxy couples
6. Explore how the findings may impact sexual assault investigations and prosecutions from a law enforcement perspective

10:00 – 10:15    **Break**

10:15 – 12:00    **Streamlining HIV Prophylaxis Care After Sexual Assault**

*Suzanne Rotolo, PhD, MSN, RN, SANE-A, SANE-P, CFN, Director of FACT Department (Forensic Assessment and Consultation Teams), Inovia Fairfax Hospital, Falls Church, VA; Jessica Draughon, MSN, RN, Johns Hopkins School of Nursing, Baltimore, MD.*

Sexual Assault Nurse Examiner (SANE) programs have been in existence for over twenty years, and more programs are starting every year in the United States and Internationally. In the majority of states, SANE care is now the new paradigm, and an expectation of the community, law enforcement and the judicial system. SANEs are well-respected health care providers and are providing excellent forensic care to patients after they have been sexually assaulted. A gap in services that still is not addressed globally with sexually assaulted patients is the issue of HIV prophylaxis and compliance. A recent survey showed that over 40% of SANE programs either to not offer or do not address the issue of HIV prophylaxis with their patient. When a patient is provided HIV prophylaxis, only 40% of the patients complete treatment. Comprehensive health care must be included in the care of a patient after a sexual assault. We will discuss the issue of HIV transmission rates in consensual and non-consensual penetration. A streamlined approach will be presented that will include when and how to offer prophylaxis to patients. Pros and cons of the providing the medication, side effects and best practices on diminishing side effects will be discussed. We will go over some preliminary early research results that show why patients are or not compliant with the medication regime. A Sexual Assault Response Team (SART) is comprised of the local prosecutor, forensic medical providers, law enforcement, victim serve providers and community based advocate. We will discuss the roles of each member of the team and how they provide victim-centered care in the issue of HIV prophylaxis.

**Objectives:** The participant will be able to:
1. Discuss HIV PEP after sexual assault
2. Define three reasons why HIV PEP is not offered following a sexual assault.
3. Compare factors related to patient adherence to HIV PEP following sexual assault
4. Describe the medications used for nPEP after a sexual assault.
5. Discuss the pharmacy assistance program available to patients after an exposure.
6. Discuss the role of the SART in managing HIV prophylaxis post exposure.

12:00 – 1:00 Lunch - Provided

1:00 – 2:00 Violence Against Women Involved in Sex Work, Including Those Trafficked for Sexual Exploitation: An Overview of Research and Approaches to Intervention

Michele R. Decker, ScD, Assistant Professor, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.

A growing evidence base demonstrates that women involved in sex work, including those trafficked for sexual exploitation, suffer alarming levels of physical and sexual violence perpetrated by clients, police, non-paying partners, and other actors. Despite these significant levels of violence, this population has historically been under-served by the violence support community with crisis counselors rarely receiving formal training in handling the unique issues related to violence for this vulnerable community. Moreover women involved in sex work face significant barriers to seeking criminal justice in response to these violations.

The research base in this area is rapidly accumulating, both domestically and internationally, enabling a new understanding both of the scope of abuse against this high-risk population, as well as a better understanding of its health and social implications. This emerging research also highlights an urgent need for the violence support community, from crisis counseling to criminal justice, to better understand the unique issues surrounding violence among women in sex work and its health implications, as well as promising intervention approaches to reducing violence and enabling survivors to access necessary support and criminal justice services.

The proposed workshop will advance knowledge in this area for rape crisis counselors, medical professionals, educators, victim advocates, and law enforcement officers. Guided by both the emerging evidence base as well as recent results from a qualitative Baltimore-based community-based participatory pilot investigation, the workshop will include an overview of research into the prevalence and forms of abuse, including violence as well as forms of coercion unique this population, and an overview of the unique vulnerabilities to violence and barriers to care-seeking, followed by a review of promising intervention strategies to reduce violence and mitigate its impact, including community-based approaches to strengthen the support network and increase access to social services and criminal justice for women involved in sex work.

Objectives: The participant will be able to:
1. Describe the prevalence of coercive sex and violence among women involved in sex work.
2. Describe unique vulnerabilities to violence, and barriers to care-seeking among women involved in sex work.
3. Describe promising intervention approaches to reducing violence against women involved in sex work.
4. Describe community-based intervention approaches to strengthen the support network, and increase access to social services and criminal justice for women involved in sex work.

2:00 – 3:00 Understanding the Effect Skin Color has on Recognizing and Documenting Bruises and their Color

Daniel Sheridan, PhD, RN, FNE-A, SANE-A, FAAN, Associate Professor, Johns Hopkins University, School of Nursing, Baltimore, MD; Kathleen Nash Scafide, PhD, RN, FNE-A/P, SANE-A/P, Full Time Instructor, Georgetown University School of Nursing and Health Studies, Washington, D.C.

The current standard for the assessment of bruises is under-serving and under-diagnosing abuse among African Americans and other dark skinned races/ethnicities. This presentation will discuss how skin color physiology affects bruise color and how forensic nurses can improve their ability to detect and document bruises on individuals with dark skin color. Technologies involving colorimetry and alternative light source may offer hope in improving our ability to recognize bruises or their color change that may not be visible. Finally, the results of a recent study on changes in bruise color relative to skin color will be offered.

Objectives: The participant will be able to:
1. List the physiologic changes that occur that produce the varied color changes seen in bruise healing.
2. Argue against the use of standard color charts to date bruise age based on evidence-based research.
3. Advocate for the routine use of colorimetry and alternate light source technologies in forensic health care practices, especially when assessing bruising to dark-skinned persons.

3:00 – 3:15 Break


Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN, Forensic Nurse Consultant, Treasurer, EVAWI, Palm Desert, CA; Rachell A. Copeland, MSN, ARNP-BC, Issaquah, WA; Debra Holbrook, R.N., SANE-A, FNE A, Forensic Nurse Coordinator, Mercy Medical Center, Adjunct Faculty, Institute for Johns Hopkins School of Nursing, Baltimore, MD.

Within the context of medical imaging, digital forensic photo-documentation is relatively new and provides higher quality images with the ability to immediately view, store and transfer captured images. However, these advancements in technology have brought forth a new array of questions and concerns surrounding the process of photo-documentation.
the application to forensic nursing practice and have given new perspective to discourses involving informed consent, confidentiality, peer review, case consultation, education, and research. The presenters will discuss photo-documentation as a process and through case examples will explain what can help and what can hinder the process. The application to clinical forensic nursing practice will be discussed within the context of what is currently happening in practice including what it looks like when “it goes right” and when “it goes wrong”. The last section of the presentation will highlight forensic nurses’ responsibilities to patients affected by acts of violence, potential role conflicts within and across systems, and ethical considerations surrounding photo-documentation.

**Objectives:** The participant will be able to:
1. List at least three fundamental components of photo-documentation skills
2. Identify three applications of photo-documentation to clinical forensic practice
3. Describe image quality using objective language
4. Describe two potential areas of concerns related to photo-documentation

**5:15 – 5:30**

**Closing Remarks**
*Michael Weaver, MD, FACEP, Medical Director, Sexual Assault Treatment Center, Saint Luke’s Health System, and Director, EVAWI, Kansas City, MO.*