



AGENDA

Atlanta, Georgia
*Forensic Clinical Response
to Victims of Gender-Based Violence*

Wednesday, September 10, 2014

7:00 – 8:00

Registration

8:00 – 8:05

Welcome & Introductions

Sgt. Joanne Archambault, San Diego PD (Ret.) Founder /
Executive Director, EVAWI

8:05 – 9:30

**Non-Fatal Strangulation: From Evaluation through
Photodocumentation Practices**

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN, Forensic Nurse
Consultant, Treasurer, EVAWI, Palm Desert, CA

Strangulation is one of the most lethal forms of violence used by perpetrators to control victims, especially during acts of interpersonal violence. Although unconsciousness may occur within seconds and death within minutes, the majority of strangulations is non-lethal and results in little or no visible injury. This lack of visible injury may lead to misidentification of injuries and a subsequent lack of appropriate assessment, intervention, and treatment. During this workshop, presenters will address misconceptions surrounding acts of strangulation, signs and symptoms associated with strangulation, best practices for serving patients reporting strangulation, written and photographic documentation, and the risk of delayed fatalities. Case examples will be provided to demonstrate signs and symptoms of strangulation.

Objectives

- Identify 3 signs or symptoms associated with strangulation
- Recognize physiological responses that may occur when the carotid artery is compressed.
- Describe photodocumentation techniques that may be used to document physical injuries resulting from strangulation.

9:30 – 9:45

Break

9:45 – 11:00

**Clinical Photodocumentation: Current Practice, Best
Practices and Where Do We Go From Here?**

Rachell Ekroos, MSN, ARNP-BC, AFN-BC, Forensic Medical Consultant, Center for
Forensic Nursing Excellence International, Henderson, NV

Our presenter will report findings from the Forensic Nursing Photodocumentation & Digital Imaging Study (FN-PDIS). Digital medical photodocumentation provides high quality images with the ability to immediately view, store and transfer captured images. Understandably, the

use of digital photodocumentation technologies also brings forth an array of clinical questions and ethical concerns. For developing best practices, policy statements, guidelines, and to address ethical concerns, forensic nursing needs to move beyond anecdotal accounts and learn what is actually occurring within clinical practice across populations, systems, and roles. The FN-PDIS survey was designed to capture such data. During this workshop, the findings from the FN-PDIS will be translated into clinically relevant discussions surrounding forensic nursing photodocumentation practices, recommendations for best practices, and highlight areas of ethical interest.

Objectives

- List 3 findings from the Forensic Nursing Photodocumentation & Digital Imaging Study.
- Identify 4 areas where photodocumentation practices may vary across forensic nursing practices.
- Identify 3 ethical obligations or ethical concerns related to forensic nursing photodocumentation practices.

11:00 – 12:00

Case Studies – Part I What’s Wrong with this Picture?

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN, Forensic Nurse Consultant, Treasurer, EVAWI, Palm Desert, CA; **Rachell Ekroos**, MSN, ARNP-BC, AFN-BC, Forensic Medical Consultant, Center for Forensic Nursing Excellence International, Henderson, NV

Case reviews provide practicing clinicians and victim service professionals a mechanism to share expertise and valuable lessons learned, particularly regarding challenging or unusual cases. A case review may highlight diagnostic, ethical or management challenges. Case reviews may also serve as a basis for discussing aspects of injury identification, injury mimics, specimen collection, evaluation techniques, and follow-up recommendations or referrals.

Objectives

- Describe 2 benefits of participating in case review.
- Explain the importance of clear and accurate written/photographic documentation for an effective case review.
- Identify 3 barriers to providing an effective case review.

12:00 – 1:30

Lunch on Your Own



1:30 – 2:30

**Case Studies – Part II
Hmmm, What Does This All Mean?**

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN, Forensic Nurse Consultant, Treasurer, EVAWI, Palm Desert, CA; **Rachell Ekroos**, MSN, ARNP-BC, AFN-BC, Forensic Medical Consultant, Center for Forensic Nursing Excellence International, Henderson, NV

Case reviews provide practicing clinicians and victim service professionals a mechanism to share expertise and valuable lessons learned, particularly regarding challenging or unusual cases. A case review may highlight diagnostic, ethical or management challenges. Case reviews may also serve as a basis for discussing aspects of injury identification, injury mimics, specimen collection, evaluation techniques, and follow-up recommendations or referrals.

Objectives

- Describe 2 benefits of participating in case review.
- Explain the importance of clear and accurate written/photographic documentation for an effective case review.
- Identify 3 barriers to providing an effective case review.

2:30 – 2:45

Break

2:45 – 4:00

**Expanding Your Practice to Include Suspect Examinations
and Forensic Evidence Collection**

Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN, Forensic Nurse Consultant, Treasurer, EVAWI, Palm Desert, CA

During a sexual assault, transfer of biological fluids and other trace materials may occur. This transfer of substances or materials is not a unidirectional phenomenon. Therefore transfer may occur from the suspect to a victim AND from a victim to the suspect. In addition to transfer of fluids and other trace materials, there may also be visible injuries present on the suspect's body or other unique findings. All too often forensic suspect examinations are overlooked during medical and legal responses to sexual violence. Most law enforcement agencies, as well as nurse examiner programs, have failed to establish appropriate procedures for providing comprehensive forensic examinations for suspects in assault cases. However, examination findings and samples collected from a suspect may corroborate a victim's account of the assault just as samples collected from the victim may corroborate the history. The purpose of this workshop is to review procedures for providing a comprehensive



suspect examination including collecting specimens. Lastly, recommendations for nurse examiner programs interested in providing this service in their community will be discussed.

Objectives

- Identify 3 challenges or barriers to providing services for and completing suspect exams.
- List at least 4 components of a complete suspect exam.
- Describe 3 types of samples that might be collected during a suspect exam.

4:00 – 5:00 Advancing Forensic Nursing Practice to Serve Special Populations

Rachell Ekroos, MSN, ARNP-BC, AFN-BC, Forensic Medical Consultant, Center for Forensic Nursing Excellence International, Henderson, NV

Fifteen years ago we rarely met professionals in the medical or legal fields who knew what the acronyms SANE/SAFE meant. Much less what the SANE/SAFE role encompasses. Today, we encounter many professionals who are familiar with the role of a SANE/SAFE. However, they often equate being a forensic nurse and being a SANE/SAFE as having the same meaning. Today, there tends to be a lack of understanding regarding services clinical forensic nurse specialists can provide and how roles and services may vary based on education, licensure, certification or sub-specialization. During today's workshop, we will explore forensic nursing roles beyond that of SANE/SAFE within a hospital setting, community setting or as an independent provider. We will discuss how roles may be expanded within hospital systems as well as within public service settings. In addition, one presenter will describe her role as a forensic medical consultant to both ICAC and CSEC task forces, her advisory roles related to community responses to human trafficking and other forms of violence, membership on fatality review boards, and more.

Objectives

- List 4 forensic nursing specializations that are not a SANE or SAFE.
- Describe 3 ways a SANE/SAFE could expand their practice.
- Identify 3 barriers one might encounter when expanding their clinical forensic nursing role.

5:00 – 5:30 Questions and Closing Remarks

