May 2021 Forensic Committee Meeting
Indiana Emergency Nurses Association

Meeting Minutes from May 18, 2021 at 3pm EST Zoom Meeting/Teleconference

Attendees

Amy Blackett (IPAC, Indianapolis)
Angie Morris (Indiana SANE Training Project, Fishers)
Ashli Smiley, (IDOH, Indinapolis)
Brandy Summers (Monroe Hospital, Bloomington)
Brenna Joyce (IU Health Riley, Indianapolis)
Brittany Winebar (Prevail, Noblesville)
Cathy Clark (Franciscan Health, Lafayette)
Damion Wagner (Harrison Co. Hospital, Corydon)
Jamie Haddix (IU Health Riley, Indianapolis)
Jennifer Lang (Franciscan Health, Highland)
Judi Pingel (Starke Memorial, Knox)
Leslie Cook (Ft Wayne SATC, Ft. Wayne)
Lisha Watts (Major Hospital, Shelbyville)
Melanie Hamilton (IU Health, Bloomington)
Michele Elliott (Good Samaritan, Vincennes)
Michelle Corrao (the O'Connor House, Carmel)
Nancy Grant (St. Joseph RMC, South Bend)
Natalie Calow (IU Health Methodist, Indianapolis)
Nicole Perkins (IU Health Ball Memorial, Muncie)
Paige Shanes (Good Samaritan, Vincennes)
Rachel Moore (IU Health Arnett, Lafayette)
Stephanie Glover (Ascension St. Vincent, Indianapolis)
Tanya Malone (IU Health Riley, Indianapolis)

Congratulations to Brenda Ireland (IU Health Ball Memorial Hospital in Muncie) on being selected for poster presentations at both the AFN Virtual Conference in June and at the IAFN International Conference for Forensic Nursing Science and Practice in Orlando in September!

Education Topic: Implementing IPV Services

Presented by Brenda Ireland

IPV is a pattern of assaultive and coercive behaviors including inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation and/or intimidation and threats.

Stats:
76% of women murdered by an intimate partner were stalked first.
85% of women who survived murder attempts were stalked.
89% of femicide victims who had been physically assaulted before their murder were stalked in the last year prior to their murder.
World Health Organization reports 1/3 or 35% of women experience physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.
38% of murders of women are committed by a male intimate partner.
According to the National Intimate Partner and Sexual Violence Survey 1 in 4 women and 1 in 9 men were victims of contact sexual violence, physical violence and/or stalking by an intimate partner with a negative impact such as injury, fear, concern for safety and/or needing services.

We used to talk about the “Cycle of Violence” (tension building, explosion and honeymoon phase). This was not representative of a lot of experiences, so it has been replaced with the four phases of abuse.

Four Phases of Abuse (a continuum and not meant to be static):

- Phase 1 Binding - where red flags may be noticed in the relationship but the good outweighs the negative and the red flags can easily be explained away.
- Phase 2 Enduring - This is where the abuse is centralized enough in the relationship that it leads to life changes such as cutting ties with family or friends and the victim attempts to change things in her life to keep the abuse to a minimum. The victim often blames herself and may feel responsible for not being able to avoid the abuse.
- Phrase 3 Disengaging - the victim starts to identify with others who have also been abused. She starts to seek help from family, friends or healthcare professionals.
- Phase 4 Recovery - the woman may be grieving the loss of the relationship and she may be helping her children through the losses they have experienced as well. Statistically this is the most dangerous time for the survivor. The abuser has nothing to lose which makes them more likely to lash out. Leaving may not be the end goal for everyone and, as healthcare providers we should not push a victim to leave before they are ready and have a safety plan in place.

As medical professionals we also have to Keep children in mind. Witnessing IPV can have profound negative affects children.

It is also important for us as healthcare providers to understand the health consequences of IPV and to educate our patients about them. These may include chronic pain, insomnia, diffuse pain, headaches, pregnancy complications, GI symptoms, and Mental Health symptoms (depression, anxiety, panic attacks).

The primary difference between caring for the SA patient and the IPV patient is providing the lethality assessment. Most commonly used is the DANGER assessment (dangerassessment.org).

As clinicians who offer Sexual Assault MFE's we are perfectly poised to provide care and implement services for the IPV patients. Implementing these services and providing this care to these patients is similar to the Sexual Assault patient care. It includes:

- Providing a Safe environment
- Providing Trauma informed care
- Obtaining a History, physical assessment, specialized assessment (SA or strangulation), lethality (DANGER) assessment, and potentially evidence collection (When there is more than one episode it is helpful to focus on the most recent episode of abuse during exam)
- Education about health affects of IPV
- Be familiar with resources (law enforcement- mandatory reporting events, advocacy options, shelter options, legal resources such as restraining order initiation)
- Individualized safety planning- ask what the patient is most fearful of and address those needs. We need to understand their barriers as well and attempt to provide them with resources to overcome them. Establish whether an arrest has been made. If an arrest has been made it gives more time for implementation of safety plan. If not there is an increased need for an acute plan (potentially shelter placement) Document everything offered and everything done and why that was chosen.

If we have a high suspicion of neglect or abuse in our pediatric population, we have the potential to screen the caregiver for IPV (if appropriate even though they aren't your patient). There is a higher potential for implementation of screening in a pediatric setting (DANGER assessment for mom of pediatric patient). If we screen these individuals there is the chance for them to feel seen and heard and we are able to offer resources.

Having a meeting with community advocates to learn about safety planning. A lot of them are specially trained in safety planning and could offer information to us to help us develop effective safety planning especially if the patient declines advocacy services.

Policy and procedure development resources

- dangerassessment.org
- tribalforensichealthcare.org
- IAFN
- safeta.org

Education Updates

Upcoming Indiana SANE Training Project Clinical Skills Labs

- June 24th & 25th in Evansville – 1 or 2 seats left
- August 26th & 27th in Terre Haute – FULL
- November 13th & 14th in Lafayette – few seats left

Professional Development/Continuing Education Updates

Award letters were emailed out from the Indiana SANE Training Project.

- Please sign and return to Angie Morris by June 1st.

Training Institute on Strangulation Prevention is offering a Virtual Advanced Course on Strangulation Prevention in October (5 day course – every Friday in October).

- Reach out to Ashli Smiley or check out https://www.strangulationtraininginstitute.com/ for more information.

IAFN Indiana Chapter Update

Looking for new local chapter leadership.

- If you are interested, email Christina Presenti at cpresenti@forensicnurses.org for more info.

Committee Updates

Questions received about appointing a new forensic committee chair, such as when that might happen and if the committee had any involvement in that decision. Angie explained that the State President has been the one to appoint chairs, but members

with these questions or concerns should reach out to the Indiana ENA Board of Directors, as they are looking into revision of by-laws. If anyone is interested in serving on the Indiana ENA Forensic committee, let Angie Morris know.

Next meeting

June 22nd at 3:00pm EST

Please sign up to take minutes or to do a brief education presentation at the meetings. Click on link: https://www.signupgenius.com/go/10c0d45a9ab2ba2ffc52-forensic

Minutes submitted by Jennifer Lang