



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Forensic Examination for Suspects (Code 01)

Track: Psych/Corrections

To be Presented: 10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009

Research or Non-research? Non-research

All too often suspect examinations are overlooked in a sexual assault investigation. Most law enforcement agencies as well as nurse examiner programs have failed to establish appropriate policies and procedures for obtaining comprehensive forensic examinations for sexual assault suspects. The purpose of this session is to make the case for the importance of suspect examinations, for the collection of evidence from both the suspect's body and clothing, to explore some of the reasons and barriers that they are often not done, and to provide concrete recommendations for overcoming these barriers and using suspect examinations effectively in your community. Any evidence that provides corroboration of the victim's account and documents force or injury is absolutely critical for the investigation of sexual assault. Attendees will also be provided with a brief literature review of suspect examinations.

Objectives:

- State two barriers as to why suspect examinations are not approved or done.
- List two recommendations or criteria for doing a suspect examination in an alleged sexual assault complaint.
- Give two examples of evidence that might be collected to corroborate a victim's statement in a sexual assault.

Presenters - Joanne Archambault; Diana Faugno



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Expanding the Forensic Role in New Ways in the Academic Arena (Code 2)

Track: General Forensic

To be Presented: 10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009

Research or Non-research? Non-research

For many in nursing the role of the “forensic nurse” has been a dilemma. In the United States a Sexual Assault Nurse Examiner (SANE) nurse is the nurse that is often brought up as a forensic nurse. For those nurses that are not interested in the SANE role, what role in forensic nursing is there for them? Also in education what role can a generalist forensic nurse play in the overall academic arena?

It is the purpose of this presentation to present some ways that a “generalist forensic nurse” can provide information to help define what forensic nursing is. The forensic nurse that is an educator can create ways for the institution to allow the nurse a forum for sharing forensic information. The ability to be flexible and create new and somewhat diverse means of sharing forensic nursing knowledge will be discussed. In helping to spread the knowledge that is forensic nursing the forensic nurse must learn to be patient as well as persistent in seeking ways to share the unique knowledge that is forensic nursing. Forensic nursing does not need to be confined in a narrow realm, but can be expanded into many different areas.

Objectives:

- To contrast some of the differences between forensic nurses in academia versus the clinical setting.
- Generate new or different roles for the forensic nurse educator.
- Propose that the participant will need to expand their thinking of traditional forensic nursing.
- Review some of the more common forensic nurse roles.

Presenter -Timothy Wren



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Female Genital Mutilation/Cutting: Providing Care for Patients in an Emergency Setting (Code 03)**

Track: **General Forensic**

To be Presented: **10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

Female genital mutilation/cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Central Ohio has one of the largest Somali communities in the U.S., and many of these women have had these procedures performed. This presentation will explore the experience of a family nurse practitioner in an emergency department setting with a large Somali population. Lessons learned from these women will provide insight as to the pervasiveness of this practice in their home country and the cultural challenges they face in adapting to American societal norms. Current research on this practice worldwide, including current classification, obstetrical complications, and health care issues will be discussed.

Objectives:

- Describe the four types of female genital mutilation/cutting.
- Explain social-cultural factors that promote this practice.
- Explain short- and long-term consequences of female genital mutilation/cutting.
- Recognize the need for sensitivity when caring for patients who have had this procedure.

Presenter - Ruth Downing



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Evolution of SANE/SART: Is There a Difference? (Code 04)

Track: SANE

To be Presented: 10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009

Research or Non-research? Research

Descriptive research indicates that the SANE/SART model is the ideal delivery of care and intervention following a sexual assault. Boston College (BC) and The American Prosecutors Research Institute (APRI) examined the SANE/SART and non-SANE/SART models to explore differences using a quasi-experimental design. This presentation will report on the differences between these two groups and the impact these differences have on policy and program development.

Objectives:

- At the end of this session the participant will understand the evolution of the SANE/SART model.
- At the end of this session the participant will understand the differences found in cases where a SANE/SART was used compared to a Non-SANE/SART.
- At the end of this session the participant will be able to discuss the policy and program implications in caring for acute victims of sexual assault.

Presenter - Annie Lewis-O'Connor



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Intimate Partner Violence in Pregnancy (Code 05)
Track: Domestic Violence
To be Presented: 10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009

Research or Non-research? Non-research

Violence during pregnancy causes a dichotomy existence. The victim feels that she has two separate lives: the personal vs. the private; her safety vs. her interdependence with the perpetrator; and her prospect of single life vs. her desire for a concrete societal family unit. She wants to end the violence, but that is not always synonymous with ending the relationship, and pregnancy lends itself to the definition of family. According to the Centers for Disease Control over 320,000 or approximately 8% of pregnant women experience intimate personal violence (IPV) each year; domestic violence is the leading cause of injury to women during their reproductive years; and 30% of women (and 50% of adolescents) say they experience IPV during pregnancy. We screen more for pregnancy-induced hypertension, gestational diabetes, and neural tube defects, although less prominent, than IPV. Reproductive health services are accessed by millions of women every year, not to mention on a regular, repetitive basis. We need to learn how to segue a conversation about abuse and learn to utilize primary, secondary, and tertiary measures to bring about health for the prospective mother and infant. In this session, the presenters will examine resources; discuss why screening is avoided; make suggestions for eliciting direct, truthful information; and advise what to do after disclosure.

Objectives:

- Identify the idiosyncrasies of intimate partner violence on the mother, father, fetus, and family unit.
- Review the direct and indirect indicators in intimate partner violence: primary, secondary and tertiary.
- Apply selected screening tools to clinical practice.
- Construct responses to disclosure of intimate partner violence.

Presenter - Pamela Tabor



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Human Trafficking in Eastern Africa: A Forensic Nurse's Perspective (Code 06)**

Track: **Leadership/Admin**

To be Presented: **10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

Human trafficking is a violation of human rights that imposes serious threats to the health, safety, and well being of its victims. Human traffickers are no strangers to Eastern Africa. They are aware that this poverty-stricken region provides a target-enriched environment in which to prey upon some of the world's most vulnerable people. This presentation will provide the audience with an overview of risk factors for trafficking victims, profiles of traffickers, and forms of trafficking that commonly take place in Eastern Africa. An examination of health and safety risks and an investigation of government compliance with global trafficking legislation will justify the need for international forensic nursing intervention for survivors of human trafficking.

Objectives:

- Identify forms of human trafficking that are common to Eastern Africa.
- Examine the compliance of East African governments according to the Trafficking Victims Protection Act.
- Strategize how forensic nurses can take part in prevention of trafficking, protection of victims, and successful prosecution of human trafficking cases.

Presenter - Nancy Cabelus



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Innovative Techniques in Infant Death Investigation: Role of the Forensic Nurse (Code 07)**

Track: **Death Investigation/Legal**

To be Presented: **10:30 a.m.-12:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

The diagnosis of Sudden Infant Death Syndrome (SIDS) has been misused as a cause of death due to inadequate investigation of infant death. Within the last 10 years, there has been a push to reclassify and appropriately identify the causes of infant death. One innovative technique that has helped investigators and forensic pathologists in determining a more accurate cause of death is the use of doll reenactment. The information gained from doll reenactment can also lead to improved public health and safety information; the forensic nurse can be an advocate for these improvements. The purpose of this presentation is to identify and explain innovative techniques in infant death investigation and evaluate the role of the forensic nurse within these investigations.

Objectives:

- The audience will be able to identify differences between the diagnosis of SIDS and Sudden Unexplained Infant Death (SUID).
- The audience will be able to explain why the use of doll reenactment is crucial in the investigation of infant death.
- The audience will be able to summarize the role of the forensic nurse in infant death investigation.
- The audience will be able to discuss the forensic nurse death investigator's ability to advocate for innovative investigative techniques and the advancement of public health

Presenters - Wendy Panagos; Jodie Flynn



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Rural SANE Survival (Code 08)
Track: SANE
To be Presented: 1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009

Research or Non-research? Non-research

This session will create an opportunity for dialogue among SANEs who practice in rural areas of the country. Rural practice is a source of multiple, unique challenges including large distances between hospitals, limited resources, limited reimbursement due to fewer cases, a smaller pool of nurses for recruitment, and added burden for care on each SANE which leads to declining retention. Yet patient acuity is no different in rural areas than it is in urban areas. The presenters will share how they have met the challenges in rural Maine, and open the workshop for discussion among SANEs from other rural states.

Objectives:

- Discuss the challenges of rural practice.
- Describe the Maine experience toward regionalization of services among hospitals.
- Identify means of optimal use of limited resources utilized in other states.

Presenters- Sherri Thornton; Barbara Covey; Polly Campbell



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Ano-Genital Warts and Ano-Genital Herpes in Children:
Sexual Abuse or Not? (Code 09)**

Track: **Pediatrics**

To be Presented: **1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

Many American children and families are affected by child sexual abuse. The diagnosis of sexual abuse is typically made on the basis of the child's history. Objective evidence of sexual abuse, including abnormal physical findings noted on physical examination or the presence of a sexually transmitted infection, are rare. Ano-genital herpes and ano-genital warts are common sexually transmitted infections found in adults. However, is the presence of ano-genital herpes and/or ano-genital warts in children evidence of sexual abuse? The link between both ano-genital herpes and ano-genital warts and sexual abuse requires an understanding of viral transmission, incubation periods, and typing to properly interpret significance. The presence of ano-genital herpes or ano-genital warts in children creates serious medical, social, and legal implications. This session will provide learners with a diagnostic technique for both the human papilloma virus and herpes simplex virus. Significance of typing for both viruses will be discussed. Implications for practice will provide guidelines for diagnosing, evaluating, and properly managing both ano-genital herpes and ano-genital warts in children. Case studies will be used for illustration.

Objectives:

- Recognize the clinical presentation of and diagnostic techniques for both ano-genital herpes and ano-genital warts.
- Describe the modes of transmission for both the herpes simplex virus and human papilloma virus.
- Describe the forensic nurse's legal child abuse responsibility when a child presents with ano-genital HSV and/or HPV.
- Describe additional testing required when a child presents with ano-genital warts and/or ano-genital herpes.

Presenter - Gail Hornor



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IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Development of Forensic Evidence Collection Guidelines for the Emergency Department: An EBP Process (Code 10)**

Track: **General Forensic**

To be Presented: **1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

In a mid-Atlantic community teaching hospital, a multidisciplinary team was formed to apply the John Hopkins Nursing Evidenced Based Practice (EBP) Model to answer the question, “What are the best practices for forensic evidence collection (FEC) related to the trauma patient?” An internal and external search for evidence was conducted. Internally, the search involved evaluating current hospital policies and interviewing emergency department (ED) staff. This revealed inconsistencies in FEC in the trauma bay, as well as a lack of forensic protocols. The external search involved a review of literature (ROL) as well as contacting existing hospital-based forensic programs, forensic nursing experts, and law enforcement officials. The ROL resulted in numerous expert opinion articles that asserted the need for forensic protocols, however, none of these provided fully developed guidelines. Following a thorough examination of the evidence, the EBP team developed detailed recommendations for practice, which included specific guidelines for the collection, handling, and preservation of varying types of forensic evidence. A primary initiative focuses on improvements in methods of collection of clothing as evidence and maintenance of chain of custody. Trauma nurses and staff directly responsible for collecting the patient’s belongings have been educated about practice modifications. Further, forensic education is incorporated into the emergency nurse core curriculum for new ED nurses and interns, and is under consideration for the trauma nurse core curriculum. Computer-based education is being developed for ED staff.

Objectives:

- Describe the Evidenced Based Practice process in the development of forensic evidence collection guidelines for use in the emergency department.
- Discuss how the forensic evidence collections guidelines were translated into the clinical practice setting.

Presenters - Peter Eisert; Kelli Eldredge; Emily Huggins; Tami Hartlaub; Geneva Keirn; Heather Rozzi; Patti O'Brien; Linda Pugh; Karen March



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **The Perception of Role Conflict in Sexual Assault Nursing and its Effects on Care Delivery (Code 11)**

Track: **SANE**

To be Presented: **1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Research

There are an estimated 876,064 incidences of sexual assault in the U.S. annually. Sexual assault nurse examiner (SANE) programs were first introduced in the 1970s and have expanded phenomenally, in part due to advances in forensic technology. SANEs combine the disciplines of nursing and forensic science. Forensic science is based on the principle of justice, while nursing is based on the principle of caring. The core values, roles, activities, and desired outcomes of these two disciplines sometimes conflict, leading to the possibility of role conflict. Role conflict has been shown to contribute to job burnout, and retention is a major issue in SANE programs. There is some evidence that role conflict also influences the way SANEs deliver care, including forgoing some steps in evidence collection. This may not be in the best interests of patients if their cases are processed in the legal system. On the other hand, only a minority of cases are processed, indicating that a focus on psychological trauma may be considered more important to SANEs. In this exploratory qualitative study, SANEs from programs in two large Midwestern counties will be interviewed regarding their perception of role conflict and its effect on their job performance and satisfaction. Strategies to mitigate role conflict will also be explored. The perception of role conflict and the strategies to mitigate it are important to share with other SANEs in order to prevent SANE burnout, promote retention, and ensure optimum care delivery to victims.

Objectives:

- Identify potential role conflict in sexual assault nursing.
- Discuss how role conflict impacts care delivery.
- Discuss how role conflict contributes to burn-out and attrition in SANE nursing.
- Explore strategies to mitigate role conflict, improve care delivery, and promote retention in SANE nursing.

Presenters - Nancy Downing; Melissa Lehan-Mackin



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Forensic Injury Assessment: Taking a BALD STEP Forward (Code 12)

Track: General Forensic

To be Presented: 1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009

Research or Non-research? Non-research

Assessment and documentation of injuries and physical findings have been inconsistent across forensic clinicians and researchers. This has clinical, research, and legal implications. The TEARS mnemonic used in sexual assault nursing was an excellent effort that attempted to standardize assessment and terminology. The mnemonic, however, is limited in its description of injuries that may be seen in either sexual assault or during other types of forensic assessments. Another mnemonic has been developed to help guide beginning practitioners and to help standardize assessments for experienced practitioners. This BALD STEP mnemonic has been implemented for use in the sexual assault forensic kits used by the Royal Canadian Mounted Police across Canada. It is also being used for education of forensic nurses in other areas. In this session the presenters will discuss the terms used for injury and physical assessment findings, the evidence behind the terminology, associated mechanisms of injury, and implications of the terms for interpretation or testimony. Examples will be provided of how the mnemonic can be used in clinical practice and documentation. The mnemonic has been found to assist in educating forensic nurses regarding mechanisms of injury, standardized terminology, and increased comprehensiveness of assessment documentation while reducing time required to document. Gaps and future directions for injury assessment and research will also be discussed.

Objectives:

- Identify problems with existing injury and forensic assessment terminology.
- Describe the components of the BALD STEP mnemonic and the evidence underlying terms used.
- Explain the uses and implications of the components of BALD STEP mnemonic.
- Identify outstanding issues in forensic assessment practices and research.

Presenter - Cathy Carter-Snell



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Legislating for Change (Code 13)**

Track: **Leadership/Admin**

To be Presented: **1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

Have you ever experienced something that was so wrong, so unjust, or so just plain dumb, you asked “can’t something be done about this?” Political action and health policy skills can be learned by all nurses who have a desire to create change in the way health care is delivered and victims of injury are cared for. Making a difference involves using political strategies that are time honored. Do you know how to organize a grassroots effort? Have you written a white paper? What do you include in talking points? How do you prepare to testify to a legislative committee? Who decides what goes in a bill? When is compromise a good thing? If you ever had a political itch or thought of running for office OR just wanted to make a difference in your community, this is the session for you!

Objectives:

- Explore issues that motivate forensic nurses to legislate for change.
- Delineate steps required to launch grassroots support or influence from “the top.”
- Discuss important decisions in the development of successful legislation.
- Analyze the characteristics of a well-written white paper: talking points and strategic presentation.

Presenter - Susan Patton



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IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Preventing Childhood Death: Evaluating At-Risk Non-White Teenaged Males in Cuyahoga County (within the Metropolitan Cleveland Ohio area) and Their Perceptions of Risk and Healthy Coping (Code 14)**

Track: **Death Investigation/Legal**

To be Presented: **1:30 p.m.-3:00 p.m., Wednesday, October 21, 2009**

Research or Non-research? Research

As an advanced practice forensic nurse with experience in death investigation, it is imperative to understand and focus on the similar characteristics and demographics surrounding childhood deaths in Cuyahoga County. A review of data and statistics identified several possible common risk factors that may contribute to the increased death rates of non-white adolescent males between the ages of fifteen and nineteen years within the Cleveland, Ohio metropolitan area within Cuyahoga County. A research survey was successfully administered to 117 at-risk adolescents within the Cuyahoga Juvenile Detention Center in order to not only identify which risk factors were common within the population but also better understand the self-perception of at-risk teenaged males within Cuyahoga County. Research findings may assist in improving programming to at-risk youth with a goal of decreasing the overall death rates and improving the health of this at-risk population.

Objectives:

- Understand the unintentional death rates of children and review trends within Cuyahoga County to identify at-risk group of non-white teenaged males.
- Identify possible sources for death rate trends by understanding subpopulation of non-white teenaged males at risk.
- Understand how to work to complete research to further understand subpopulation of non-white teenaged males at risk.
- Work to improve existing at-risk population with the goal of decreasing death rates of subpopulation of teenaged non-white males.

Presenter - Kelli Junkins



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Understanding Federal and State Laws and Regulations that Impact SANE Practice (Code 15)**

Track: **SANE**

To be Presented: **4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

This presentation will review federal and state laws and regulations that apply to SANE practice. Nurse Practice Acts will be discussed in order to understand their use to support SANE practice. Emphasis will be placed on understanding EMTALA and HIPAA and their impact on SANE programs and practice.

Objectives:

- Learner will be able to describe how the Nurse Practice Act creates a legal foundation for SANE practice.
- Learner will be able to list three requirements of EMTALA.
- Learner will be able to describe the proper way to authorize the release of health information to non-health care providers.
- Learner will be able to describe exceptions to HIPAA.

Presenter - Susan Chasson



ABSTRACT
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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **The Use of HIV Post Exposure Prophylaxis (PEP) in the Pre-Pubescent Child Following Sexual Abuse/Assault (Code 16)**

Track: **Pediatrics**

To be Presented: **4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

HIV exposure is a potential risk for children exposed to sexual abuse/assault. While the risk of HIV transmission in the case of sexual abuse/assault is generally considered to be low, especially in children, the exact risk is unknown. Therefore, the potential for HIV transmission must be considered when providing care to children who have experienced sexual abuse/assault and their families. The use of antiretroviral therapy for HIV PEP in cases of non-occupational exposure (which would include cases of sexual abuse/assault) has been largely based on studies involving animal models, occupational exposure, and vertical HIV transmission. While in theory the use of antiretroviral therapy in cases of non-occupational HIV exposure has been established, there are currently no studies on the efficacy or effectiveness of HIV PEP in such cases. The Suspected Child Abuse and Neglect (SCAN) program at the Hospital for Sick Children in Toronto, Canada (SickKids is a large urban pediatric medical centre in a city of roughly 4.6 million people) has worked collaboratively with the hospital's Infectious Disease and Pharmacy programs, as well as community partners to establish a protocol for HIV PEP in cases of pediatric sexual abuse/assault. Providing HIV PEP to pre-pubescent children in cases of sexual abuse and assault can be challenging for children, parents, caregivers, and other members of the multi-disciplinary team involved with the case. This presentation will use a case-based approach to explore the challenges and an approach to using HIV PEP with pre-pubescent children.

Objectives:

- Participants will have an understanding of the use of HIV PEP in sexual abuse/assault cases involving pre-pubescent children.
- Participants will be familiar with the current literature surrounding HIV PEP.
- Participants will have an awareness of the challenges involved with offering HIV PEP to pre-pubescent children and an approach to navigate these.

Presenters - Karla Wentzel; Judy Waldman



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Going Global: Taking SANE and Intentional Violence Education Around the World (Code 17)**

Track: **General Forensic**

To be Presented: **4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

This presentation will provide an overview of sexual assault and domestic violence education provided in Central America, Asia, and Africa this past year. The expert panel will discuss the goals and the scope of the training based on culture, language, and resources of that country. An overview of the county will also be discussed, as well as the barriers encountered in the country by the expert trainer.

Objectives:

- Attendee will be able to discuss the populations, economics, language, and culture of each county.
- Attendee can describe the role of the nurse and the physician in each of the countries listed.
- Attendee will understand potential opportunities for sharing of information about violence globally.

Presenters - Nancy Cabelus; Diana Faugno; Annie Lewis-O'Connor; Linda Ledray



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: “Was I drugged? Was I raped?” Results of a Multi-Centre Drug Facilitated Sexual Assault Study in Ontario, Canada (Code 18)

Track: SANE

To be Presented: 4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009

Research or Non-research? Research

These are the questions posed to SANEs in an increasing number of cases. This session will describe the method, results, and recommendations from a prospective study at seven SA/DVTCs. Data was collected on 882 victims of sexual assault from 2005-2007; 184 victims met predetermined criteria for DFSA. A DFSA program of care was developed to provide anonymous testing of urine toxicology samples and oral/vaginal/rectal swabs for male DNA. Information on health care provider and victim perceptions of DFSA care will be shared.

Objectives:

- Identify victims of suspected drug-facilitated sexual assault using criteria for suspected drugging and suspected sexual assault.
- Describe the significant differences between victims of SA and DFSA.
- Identify the most common drugs found on toxicology testing in DFSA victims and distinguish between expected and unexpected drug and male DNA findings in these patients.
- Utilize study results and recommendations, including health care provider and client perceptions in the development of community DFSA care programs.

Presenters - Sheila MacDonald; Deidre Bainbridge; Janice Du Mont; Nomi Rotbard; Eriola Asllani; Marsha Cohen



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Domestic Violence Screening in Rural Emergency Departments (Code 19)**

Track: **Domestic Violence**

To be Presented: **4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009**

Research or Non-research? Research

Emergency Department admissions due to acute injury or stress related to domestic violence range from 9% (males) to 13% (females). National standards require all patients be screened for domestic violence. This session will help participants understand the methods used to screen patients in the hospital setting; identify the barriers to screening in a rural community; and provide methodologies for overcoming these barriers.

Objectives:

- At the end of the session, participants will be able to identify the barriers to screening for domestic violence in the rural community.
- At the end of the session, participants will be able to understand methods used to screen patients for domestic violence in the hospital setting.
- At the end of the session, participants will be familiar with methodologies to overcome barriers to screening for domestic violence in the rural community.

Presenters - Devin Trinkley; Sandra Bryan; Hubert Allen; Karen Speroni



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Teaching Evidence-Based Practice (Code 20)

Track: Leadership/Admin

To be Presented: 4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009

Research or Non-research? Non-research

Forensic nursing knowledge is derived from multiple disciplines and sciences, but there is a need for further development of evidence-based practice for the forensic nurse. Clinical questions can be answered through appraisal of research methods and results for application to specific practice settings and patient population. Results from studies testing one type of treatment may not be applicable to all forensic patient populations in all contexts and cultures. The most common practices may not be the best practices. Evidence-based practice (EBP) does not provide the final answer to a clinical question, but rather provides the principles and processes for finding the answer. EBP provides the framework for making the best clinical decisions by providing a systematic and reproducible process. Student-derived clinical questions helped students assess the literature that can be applied in a meaningful way to their individual clinical practices. Practice, education, and forensic health policy activities allow students to translate highest quality evidence into a variety of practice roles. Advancing practitioner competency through introduction of new knowledge is applicable globally with forensic health care issues in nursing practice.

Objectives:

- Discuss professional competency and responsibility of APNs.
- Explain the steps in the process of assessing scientific literature that addresses forensic nursing clinical questions.
- Appraise the impact and implications of literature and policy on forensic nursing and health care issues.

Presenter - Patricia Crane



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CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **The Good, The Bad, and The Ugly: Legal Nurse Consulting Case Analysis from the Defense Perspective (Code 21)**

Track: **Death Investigation/Legal**

To be Presented: **4:00 p.m.-5:30 p.m., Wednesday, October 21, 2009**

Research or Non-research? Non-research

This presentation will address the intricacies of case development from the defense perspective. The presenter will review several actual case studies from various litigation areas (i.e., medical and nursing malpractice and civil litigation) and the different approaches utilized in defense of those cases. This session will assist nurses in identifying any potentially weak documentation skills and will help identify strategies to minimize malpractice exposure in their respective clinical settings.

Objectives:

- Participants will be able to describe and identify the processes utilized to evaluate, develop, and defend medical and nursing malpractice and civil litigation cases.
- Participants will be able to identify and illustrate documentation errors that defense attorneys commonly use against nurses in the deposition and trial arena.
- Participants will be able to list three methods of case development.
- Participants will be able to distinguish between poorly defensible and very defensible cases.

Presenter - Jodi Maner



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Traumatic Exposures on Inner City Children: Defining the Role of the Forensic Psychiatric Nurse—A Look at One Model in a School-Based Clinic (Code 22)**

Track: **Psych/Corrections**

To be Presented: **11:00 a.m.-12:30 p.m., Thursday, October 22, 2009**

Research or Non-research? Non-research

This presentation addresses the forensic psychiatric nurse's (FN) role in a school-based health clinic in treating inner-city children who are exposed to ongoing episodes of chronic violence in their homes and communities. Violence in one urban Midwest, low-income development will be examined by describing actual incidents and relating statistical summaries. The presenters will discuss the effects of violence on a child's emotional development, potentially increasing vulnerability to identified risk factors, and subsequent behavioral issues.

Objectives:

- Identifying sources of traumatic exposure on inner-city children and relating outcomes.
- Defining the role of a school-based forensic psychiatric nurse in developing critical incident protocols for this student population.
- Identify existing trauma screening tools.
- Discuss research findings supporting why school-based clinics work.

Presenters - Barbara Preib Lannon; Susan Painter



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Emotional Response to the Ano-Genital Examination for Suspected Sexual Abuse (Code 23)**

Track: **Pediatrics**

To be Presented: **11:00 a.m.-12:30 p.m., Thursday, October 22, 2009**

Research or Non-research? Research

Concerns have arisen among professionals working with children regarding potential emotional distress as a result of the ano-genital examination for suspected child sexual abuse. The purpose of this study was to describe and compare children's anxiety immediately preceding and immediately following the medical assessment of suspected child sexual abuse including the ano-genital exam, and to examine demographic characteristics of those children reporting clinically significant anxiety.

Objectives:

- Describe goals of the ano-genital examination for child sexual abuse.
- Describe child anxiety pre- and post- ano-genital exam for suspected sexual abuse.
- Describe the relationship between child demographics and child anxiety associated with the ano-genital exam for suspected sexual abuse.
- Describe practice implications for the forensic nurse to decrease patient anxiety associated with the ano-genital examination for suspected sexual abuse.

Presenter - Gail Hornor



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Toto Rides Again: The Road Toward Expanding Evidence-Based Practice for Expanding Forensic Nursing (Code 24)**

Track: **General Forensic**

To be Presented: **11:00 a.m.-12:30 p.m., Thursday, October 22, 2009**

Research or Non-research? Research

Evidence-based practice (EBP) has been identified as a critical competency for all healthcare providers; yet, for many forensic nurses, EBP remains underdeveloped. Historically, forensic nursing has been a practice-based specialty and forensic nurses are now being challenged to translate scientific findings into comprehensive assessment and intervention with offenders and victims of violence. Extending the presenters' previous work utilizing *The Wizard of Oz* as a metaphor for evaluating forensic nursing science, this presentation describes both the essential foundations and the typical challenges to developing, applying, and sustaining EBP in forensic settings. This presentation will provide a dialogue for forensic nursing practitioners to access, critique, and integrate evidence into practice. Approaches to address two recent evidence-based manuscripts from the *Journal of Forensic Nursing* and examine their translation into key practice points will be included.

Objectives:

- At the end of this presentation, participants will be able to formulate an EBP question.
- At the end of this presentation, participants will be able to access, critique, and integrate evidence into practice.
- At the end of this presentation, participants will be able to identify individual and institutional barriers to implementing evidence-based practice.
- At the end of this presentation, participants will be able to describe strategies to manage barriers to implementing evidence-based practice.

Presenter - Angela Amar; Paul Clements



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Male Sexual Assault 2009: What's New? (Code 25)

Track: SANE

To be Presented: 11:00 a.m.-12:30 p.m., Thursday, October 22, 2009

Research or Non-research? Non-research

Statistics demonstrate that 1 in 6 males will be victims of sexual assault in their lifetime, yet there is little in the scientific medical literature regarding care of male victims. Lack of an evidence base, education, and experience in caring for male sexual assault victims has led to the perpetuation of several myths by the general public and health care providers. As a subset of the sexually assaulted population, they are essentially invisible and “never-served” victims of violence. They do not report the crime, they are rarely recognized or acknowledged, and they are not properly cared for by health care providers in today’s health care system. Examination of male sexual assault victims is unique both in examination techniques and physiologic responses to examinations. It is important that Sexual Assault Nurse Examiners (SANEs) are competent to perform these exams, proficient in anoscopic evaluation and injury identification, and are able to address the psychological trauma and social sequelae that accompanies these assaults. Many veteran SANEs become anxious when preparing to conduct an exam of a male sexual assault victim. This presentation will examine some of the sparse medical literature on this topic and provide beginning information regarding the evaluation of males and the barriers males face in reporting sexual assault. This session will provide SANEs with detailed education about interviewing and examining adolescent males, along with the management and treatment issues involved in caring for the adult male sexual assault victim.

Objectives:

- List three myths regarding male sexual assault.
- Describe two barriers that prevent males from seeking health care following a sexual assault.
- Identify two techniques for supporting adolescent males who report sexual assault.
- State one key point for best practice in caring for male sexual assault patients.

Presenters - Diana Faugno; Patricia Speck; Linda Rossman



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **What Would You Do? A Discussion of Ethical Situations (Code 26)**

Track: **General Forensic**

To be Presented: **11:00 a.m.-12:30 p.m., Thursday, October 22, 2009**

Research or Non-research? Non-research

This session will be a discussion led by members of the IAFN Ethics Committee. During the 2007 Scientific Assembly, IAFN members submitted ethical questions and descriptions of ethical situations to the Ethics Committee. These submissions formed the basis of the fictional case studies which will be used in the presentation. The session will not be an arbitration of individual practice questions. Attendees are encouraged to actively participate in the group discussions.

Objectives:

- Participants will list at least five common ethical concerns of forensic nurses in practice.
- Participants will explain the steps to reaching a conclusion regarding an ethical dilemma.
- Participants will apply broad ethical concepts to specific situations in daily practice.

Presenters - Elise Turner; Lynda Tiefel



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Management of Nurses by a Different Discipline: Pitfalls, Reality, and Co-Existence (Code 27)

Track: Leadership/Admin

To be Presented: 11:00 a.m.-12:30 p.m., Thursday, October 22, 2009

Research or Non-research? Non-research

The combination of several disciplines in forensic settings is a common occurrence in an economy that has administrators looking for methods to capitalize on resources while lowering costs. This may result in programs that utilize nurses in advance practice roles, yet have non-nurses in leadership and supervisory roles. Forensic nurses such as sexual assault nurse examiners, death investigators, forensic legal consultants, and others often find they directly report to a manager/director who has little or no experience as a nurse or health care practitioner. This managerial arrangement may have serious deleterious effects on forensic nursing practice. This presentation will explore the positive and negative consequences of nursing practice that is directed or supervised by non-nursing managers who may be unable to understand the nature and requirements of nursing as a discipline and as an orientation to care. The presenters will also explore the motivation behind these types of administrative decisions and some of the many ways such arrangements are organized.

Objectives:

- By the end of the session, the attendees will have developed an understanding of the motivation, organization, and consequences for nursing practice when led by a non-nurse.
- By the end of the session, the attendees will be able to analyze methods for collaboration of an interdisciplinary team.
- The audience should be able to evaluate process and goals as contradictory or strengthening.

Presenter - Elizabeth (Liz) Louden



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Suspicious Deaths and Elder Mistreatment—Hiding in Plain Sight (Code 28)**

Track: **Death Investigation/Legal**

To be Presented: **11:00 a.m.-12:30 p.m., Thursday, October 22, 2009**

Research or Non-research? Non-research

Many older adults suffer abuse, neglect, and exploitation at the hands of someone they know. It is not unusual for first-responders to have misconceptions about older adults (e.g., all older adults have dementia, bruise easily, fall often, develop pressure ulcers, and have osteoporosis) which preclude even a cursory investigation into their deaths. This presentation will demonstrate how first-responders can recognize potential markers of abuse, neglect, and exploitation and how they can put those findings into context. Until first-responders recognize abuse, it will continue to remain hidden in plain sight.

Objectives:

- Participants will be able to identify five types of older adult abuse.
- Participants will be able to recall one marker for each type of abuse.
- Participants will be able to discuss each marker in terms of context for abuse, neglect, and exploitation.
- Participants will be able to recognize physical and sexual abuse, neglect, and financial exploitation in older adults.

Presenter - Patricia King



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Expanding Your SANE Program: Make It A Purple Cow (Code 29)**

Track: **SANE**

To be Presented: **2:30 p.m.-4:00 p.m., Thursday, October 22, 2009**

Research or Non-research? Non-research

Health care has become a business. In order to sustain that business it must become a “Purple Cow”—remarkable and memorable so the community will continue to access services. This is true for SANE programs. Most program coordinators do not hold advanced degrees in business and therefore have difficulty speaking business language with administrators. Becoming fluent in “business speak” is a must for program coordinators—particularly since SANE programs often see relatively little revenue but have large expenditures and often are the first to go in a budget crunch. The purpose of this session is to help SANE program coordinators develop an understanding of basic business principles and what is needed to sustain a program.

Objectives:

- Identify two additional patient populations that may be incorporated into your current program.
- Discuss three components of a business plan and how they will outline program expansion.
- Outline the process for developing a capital and operational budget.
- Identify two important contacts within in a hospital who will be able to assist with obtaining information required for a business plan.

Presenter - Stacey Mitchell



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **When Sexual Abuse/Assault Results in Adolescent Pregnancy (Code 30)**

Track: **Pediatrics**

To be Presented: **2:30 p.m.-4:00 p.m., Thursday, October 22, 2009**

Research or Non-research? Non-research

Cases of adolescent sexual abuse/assault are often complex and emotional for both families and the healthcare practitioners who are providing care. These cases are even further complicated when the sexual abuse/assault of the adolescent results in pregnancy. The care provided to adolescents and families in this situation requires a comprehensive and sensitive approach. However, very little literature currently exists in the area of sexual abuse-/assault-related pregnancy with which to guide practice. The Suspected Child Abuse and Neglect (SCAN) program at the Hospital for Sick Children (SickKids) is located in Toronto, Canada. SickKids is a large urban pediatric medical centre in a city of roughly 4.6 million people. SickKids provides care to approximately three such cases a year through a collaborative, multi-disciplinary team approach involving the SCAN, Adolescent Medicine, and Gynecology programs. A framework based on the literature around sexual abuse care, adolescent pregnancy, adolescent development, and bioethics will be presented. This framework has supported the team's evolving approach to sexual abuse-/assault-related pregnancy. Lessons learned by the team through their experience with these cases will also be shared.

Objectives:

- Participants will have an increased understanding of the complex nature of sexual abuse-/assault-related pregnancy in adolescents.
- Participants will have an increased awareness of the many factors that must be considered in providing clinical care to this patient population.
- Participants will take home a framework that may be incorporated into their practice.

Presenter - Karla Wentzel; Tanya Smith



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **A Forensic Self-Directed Learning Package for all Registered Nurses (Code 31)**

Track: **General Forensic**

To be Presented: **2:30 p.m.-4:00 p.m., Thursday, October 22, 2009**

Research or Non-research? Research

To maximize forensic patient outcomes, it is essential that forensic patients can be accurately identified so that a comprehensive and timely plan of care can be initiated. The availability of forensic educational material to assist nurses in this process could prove to be an effective global strategy to enhance forensic patient care. The result of my PhD research suggested that the implementation of a forensic educational package provided great benefit to nurses working within the Western Australia emergency department setting. My PhD research incorporated qualitative and quantitative data from 59 nurses working within three metropolitan teaching hospitals, qualitative interview data from 22 forensic and medical experts, and social and educational theorists which address educational aspects of adult learners. My research data clearly demonstrated that the nurse participants increased their forensic knowledge by 23% resulting in multiple changes to nursing practice as well as interagency and interdisciplinary collaboration. With such encouraging results, the researcher recognized that improved forensic patient care could be experienced globally if all nurses had access to a similar educational package. The lack of any existing clinical forensic nursing resources in Australia has resulted in the development of a forensic Self-Directed Learning Package (SDLP). The SDLP provides an introductory level of essential forensic nursing concepts. The information contained within the SDLP was targeted towards nurses who have little to no background forensic knowledge. The SDLP contains information regarding documentation, practical skills, legal issues, cases studies, self-evaluation quizzes, and much more.

Objectives:

- To identify the main challenges when providing forensic education to nurses with no previous forensic knowledge.
- To identify the major forensic issues and concerns expressed by forensic and medical stakeholders.
- To identify forensic concepts essential for inclusion into an introductory forensic educational package.

Presenter - Christine Michel



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Violence Against Women Act 2005 Reauthorization: Sexual Assault Medical Forensic Examinations and Compliance – Save Your Federal Funding and Your Programs (Code 32)**

Track: **SANE**

To be Presented: **2:30 p.m.-4:00 p.m., Thursday, October 22, 2009**

Research or Non-research? Research

Do you know that VAWA 2005 requires communities to have a procedure in place for victims of sexual assault to obtain a forensic examination without reporting to law enforcement? Is this happening in your community? Many executives are unaware of the potential impact of this legislation for their agencies. By January of 2009, however, states must certify that they are in compliance with this provision or risk losing substantial federal funding. Participants in this session will explore various leadership initiatives that will be needed to implement procedures that can actually work for your agencies and programs. Best practices and existing tools will be provided, which will involve many units and functions within the agency—as well as collaborative protocols with hospitals and other community agencies (e.g., forensic examiner programs, crime labs, prosecutor's offices, and victim advocacy).

Objectives:

- Session participants will be able to identify key provisions of the Violence Against Women Act (VAWA) 2005
- Session participants will explore strategies for enacting compliance through various leadership initiatives and the possible consequences for non-compliance.
- Session participants will examine best practices and tools for leadership initiatives involving the forensic examination, investigations, evidence collection, property storage, records retention, and collaborative protocols with hospitals and other community agencies.

Presenter – Joanne Archambault



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: “He Choked Me!”: Medical/Legal Considerations for Strangulation in Intimate Partner Violence (Code 33)

Track: Domestic Violence

To be Presented: 2:30 p.m.-4:00 p.m., Thursday, October 22, 2009

Research or Non-research? Non-research

This presentation will define and describe strangulation as it occurs in intimate partner violence, explain the dangers and consequences of strangulation, and highlight effective medical and legal response. Death by strangulation accounts for 10% of all violent deaths in the country. Since strangulation is a deliberate compression of the blood vessels and airway structures, unconsciousness can occur in seconds and death within minutes. Due to the potentially fatal consequences, victims should be encouraged and assisted to immediately get to the hospital for emergency medical care. For those victims who seek treatment, they may not readily disclose that they were strangled. Further, once the victim becomes hypoxic, it is not uncommon for him or her to have vague recollections of what happened. First-responders (law enforcement and EMS) and health care providers should directly ask about domestic violence and screen for the possibility of strangulation. Historically, signs and symptoms of strangulation have been minimized and under-evaluated by health care providers. With well-reported and identified dangers from strangulation and possible delayed and fatal hidden complications, health care providers must be educated to effectively evaluate and manage such medical emergencies. Since strangulation has been considered a most dangerous form of intimate partner violence, in most states, the act of strangulation is now a Class B felony criminal offense. Forensic nurses can be instrumental in ensuring adequate medical evaluation and better judicial outcomes with a suspected strangulation or a victim’s disclosure of strangulation.

Objectives:

- Explain the dangers and health consequences of strangulation.
- Identify effective medical responses and how to improve judicial outcomes.
- Translate the potential lethality from strangulation in courtroom proceedings.
- Utilize new knowledge about strangulation to improve forensic nursing practice, investigation, and prosecution of cases involving strangulation.

Presenter - Lynne Berthiaume



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Patient Safety: A New Model and a New Career (Code 34)**

Track: **Leadership/Admin**

To be Presented: **2:30 p.m.-4:00 p.m., Thursday, October 22, 2009**

Research or Non-research? Non-research

As never before, the health care industry is scrutinizing the impact of adverse events on morbidity, mortality, and the economics of delivering medical services. Patient safety has for sometime been the purview of the Utilization Review Department in many inpatient facilities. More recently forensic nurses, using skills of investigation, are demonstrating a new model that combines the scientific underpinnings of nursing with the legal aspects of investigation of injuries. The model carries patient safety to a new level with collaboration among professionals who focus on program and system evaluation, injury prevention, ethical decision-making and evidence-based practice among providers at all levels. It is an exciting new arena for forensic nurses. Case studies will help you decide if this is a career change you need to make.

Objectives:

- Compare and contrast the traditional UR model to a forensic approach to patient safety program.
- Evaluate internal as well as external factors that contribute to the enactment of the forensic model of patient safety.
- Analyze the potential for developing a forensic model to patient safety in the clinical setting of choice.

Presenters - Susan Patton; Joanie Jackson



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Capital Case Mitigation: A New Role for the Forensic Nurse
(Code 35)

Track: Death Investigation/Legal

To be Presented: 2:30 p.m.-4:00 p.m., Thursday, October 22, 2009

Research or Non-research? Research

Capital murder trials involve two phases. During the guilt phase, evidence is presented to determine whether the defendant is guilty of the murder. If a guilty verdict is reached, the second phase of the trial begins. During the penalty phase, evidence is presented as to whether the defendant deserves to receive the death penalty. Forensic nurses are emerging as ideal clinicians to assist in the process of developing mitigation evidence. During the penalty hearing, the defense presents evidence designed to mitigate against a sentence of death. Over time, the penalty phase has expanded and become more sophisticated. It is no longer enough to present evidence of failure in school, behavioral problems, or abusive childhoods. Capital case mitigation now involves investigation into health care issues which may cause cognitive deficits including prenatal health care, prenatal maternal substance abuse, childhood exposure to toxins, brain injuries, mental illness, exposure to substances or other circumstances affecting brain development. Forensic nurses with knowledge related to the criminal justice and health care systems are best prepared to address such complex mitigation issues. Expertise in interview and documentation skills, the ability to access pertinent records, and an understanding of medicine, allow for a thorough investigation of these areas. Critical thinking skills and the ability to perform research are highly valued by attorneys. Advanced practice forensic nurses can provide attorneys with the knowledge and skills needed to present the most effective and thorough mitigating evidence.

Objectives:

Upon completion of this session, the participant will be able to:

- define mitigating evidence;
- describe five sources of mitigating evidence;
- explain how the collaboration between the forensic nurse and attorney produces quality mitigation evidence for the courtroom; and
- explain the skills unique to forensic nursing which are beneficial to capital case attorneys.

Presenters - Brenda Ewen; Joseph Gabay



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Health Needs of Incarcerated Youth (Code 36)**

Track: **Psych/Corrections**

To be Presented: **9:00 a.m.-10:30 a.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Many youths in the juvenile justice system have had little access to health care and present with numerous health issues. In this workshop the presenter will discuss health problems commonly seen in juvenile corrections and identify multiple opportunities for cost-effective and timely health education on topics that young people want and need to know.

Objectives:

- Identify three health issues common to youths entering the juvenile prison system.
- Cite three ways correctional nurses can effectively advocate for their patients.
- Describe three orthopedic injuries common in juvenile prisons and identify strategies for assessment and treatment.
- Identify three resources essential for correctional nurses.

Presenter - MaryAnne Murray



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **The Under-Recognized Phenomena of Repeat Sexual Assault (Code 37)**

Track: **SANE**

To be Presented: **9:00 a.m.-10:30 a.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Although research demonstrates a link between child sexual abuse and sexual re-victimization in adolescence or adulthood, less is known about specific mechanisms that increase a woman's vulnerability to repeated sexual assault. Repeat sexual assault (RSA), defined for purposes of this presentation, is a history of three or more sexual assaults by different perpetrators over time. Although limited research exists regarding this phenomenon, research and anecdotal evidence suggest that psycho-social-behavioral factors contribute to it. The purpose of this presentation is to increase awareness of this phenomenon and promote discussion of the myriad of psychological, emotional, and practical challenges that confront both the survivors of RSA and the SART team members who respond to these cases. Many programs struggle in dealing with victims that return on a regular basis for repeat sexual assault exams. Frustration comes not only from concern regarding the re-victimization and seemingly little impact from previous interventions, but also the emotional and financial drain on program resources and staff. Session participants will have the opportunity to provide input on scenarios outlined by the presenters, as well as present issues on this topic from their own communities.

Objectives:

- Upon completion of the presentation, the learner will be able to identify two psychosocial behavioral risk factors that increase a woman's vulnerability to repeated sexual assault.
- Upon completion of the presentation, the learner will identify ways to incorporate new and evolving knowledge and practices related to the phenomenon of RSA.
- Upon completion of the presentation, the learner will participate in a question and answer session to discuss options or guidelines regarding management and prevention that could be implemented in their community to address patients who present multiple times for examinations.

Presenters - Angelia Morris; Linda Rossman



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Security of Digital Photography and Data in Clinical Forensic Setting (Code 38)

Track: General Forensic

To be Presented: 9:00 a.m.-10:30 a.m., Friday, October 23, 2009

Research or Non-research? Non-research

This presentation will provide best practice for secure data storage, specifically forensic photography and electronic medical records associated with the SANE programs and clinical forensics of a major, multiple hospital healthcare system. Specifically the presentation—a collaborative effort between a Data Security Administrator and a Coordinator of Forensic Nursing Services—will provide details on the cost-effectiveness of their best practice, insight on the free software for fingerprinting and encryption, and storage and retrieval of photographic data. Parts of the presentation will be live computer demonstrations, practical front-line nursing information, and realistic feedback.

Objectives:

- The attendee will identify clinical considerations of digital photography related to HIPPA compliance, privacy implications in electronic medical records, and recommended policy/procedures.
- The participant will recognize the technical applications for security purposes of photography in the healthcare setting.

Presenters - Diane Daiber; Keith Fricke



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Anatomy to Physiology: The Language of Sexual Assault and Abuse (Code 39)**

Track: **SANE**

To be Presented: **9:00 a.m.-10:30 a.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Registered nurses enter the forensic nursing arena after many years of practice and 40 hours of training. However, many do not review the information available about growth and development, anatomy and physiology, or injury of the very structures that they will be asked to evaluate and treat. This presentation will review the anatomy and physiology of three major anatomical sites—genital, anus, and oral; one major organ—the skin; and the mechanism of injury in each.

Objectives:

- Review the embryology, growth, and development of anatomical structures, and the landmarks and the language used to describe each.
- Review the organ system of the skin and its response to injury.
- Introduce the language used to describe anatomical sites of the genital, anus, and oral sites penetrated during sexual assault.
- Utilizing the new knowledge, discuss testimony about injury to the anatomical areas of the genitalia, anus, oral cavity, and the structure of integument.

Presenters - Patricia Speck; Diana Faugno



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Internet Sexual Exploitation of Children & Youth:
Implications for Sexual Assault Practice (Code 40)**

Track: **Pediatrics**

To be Presented: **9:00 a.m.-10:30 a.m., Friday, October 23, 2009**

Research or Non-research? Non-research

The Internet plays a critical role in the social fabric of today's children and youth. Unfortunately there is a dark side to the Internet that places children and youth at risk for sexual exploitation. Many cases of child and youth sexual abuse/assault currently involve components of Internet sexual exploitation. Children and youth who may have experienced sexual abuse/assault may have had images of the assault taken and distributed on the Internet. As well, children and youth may have met the offender online and may have been lured into a sexual assault situation. It is vital for the sexual assault nurse examiner to not only be aware of the risks but also know how to incorporate an assessment of these risks in practice. The sexual assault nurse examiner has a unique opportunity to incorporate prevention strategies and assist in reducing future risk for children and youth.

Objectives:

- Participants will be familiar with the current literature surrounding Internet sexual exploitation of children and youth.
- Participants will understand different forms of Internet sexual exploitation.
- Participants will understand the important elements of assessing risk of Internet sexual exploitation and the developmental context within a sexual assault evaluation.
- Participants will be familiar with current prevention strategies that can be incorporated within practice to prevent risk of future Internet sexual exploitation.

Presenter - Tanya Smith



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Advanced Practice Portfolio—Overview and “How To”
(Code 41)**

Track: **Leadership/Admin**

To be Presented: **9:00 a.m.-10:30 a.m., Friday, October 23, 2009**

Research or Non-research? Non-research

This session is designed to present the learner with an overview of the professional portfolio and its use as a vehicle to measure competency of forensic nursing practice. The critical evaluation elements will be delineated and examples used to assist the candidate in the development of their own electronic portfolio.

Objectives:

- Discuss the utility of the professional portfolio in reflecting competency of advanced forensic nursing practice.
- Delineate the critical elements of portfolio included in the evaluation process.
- Apply the case study template to a clinical presentation for peer review.
- Discuss “helpful hints” for getting started on the forensic portfolio.

Presenters - Susan Patton; Joyce Williams; Gail Hornor; Barbara Moynihan



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **The Skeleton Crew: A Nurse's Guide to Skeletal Remains (Code 42)**

Track: **Death Investigation/Legal**

To be Presented: **9:00 a.m.-10:30 a.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Misidentification of skeletal remains, as either human or non-human, may have far-reaching, negative consequences. In Oregon and other states with large rural areas, it is not uncommon for law enforcement and members of the public to ask medical professionals to determine whether skeletal remains are of human origin. Even the most highly educated and well-intentioned medical professionals do not have the training and experience necessary to assume this role in a case where the answer is not obvious. Postmortem changes, such as fragmentation and animal scavenging, may dramatically affect the appearance of bones. Also of concern is the fact that some juvenile human bones are difficult to identify because of incomplete development (particularly in the epiphyses). Most medical professionals are exposed to skeletal elements only in a very limited context and only in a classroom or clinical setting. The forensic anthropologist or human osteologist, on the other hand, is trained and experienced in the identification of all types of skeletal remains and has a much broader perspective of the conditions in which bones may be found. This session will review a number of cases in which misidentification of skeletal remains resulted in a more challenging death investigation, a more expensive outcome, or simply in a humorous/embarrassing event. Attendees will also be introduced to basic skeletal remains recovery procedures as well as basic skeletal identification guidelines.

Objectives:

- Summarize the education and expertise of the forensic anthropologist/human osteologist.
- List three factors that may make human skeletal remains difficult to differentiate from non-human remains.
- Explore basic skeletal remains recovery concepts.
- Explore the potential role(s) of the nurse in skeletal remains identification and recovery.

Presenter - Jennifer Schindell



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **New Research Findings on How and Why SANE Programs Affect Adult Sexual Assault Investigation & Prosecution (Code 43)**

Track: **SANE**

To be Presented: **1:00 p.m.-2:30 p.m., Friday, October 23, 2009**

Research or Non-research? Research

The purpose of this session is to present new research findings from a National Institute of Justice (NIJ)-funded study on how Sexual Assault Nurse Examiner (SANE) programs can affect the criminal prosecution of adult sexual assault cases. This study examined whether such cases in a Midwestern community were more likely to be investigated and prosecuted after the implementation of a SANE program.

Objectives:

- Participants will learn about prior research on the impact of SANE programs on prosecution rates.
- Participants will learn how prosecution rates changed in one community before and after the implementation of a SANE program.
- Participants will learn how and why (i.e., the mechanisms) that created positive changes in prosecution.
- Participants will learn how quantitative (numerical) and qualitative (narrative) data can be combined in one research project.

Presenters - Rebecca Campbell; Debra Patterson; Deborah Bybee



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Mandatory Awareness: “Karly's Law” (Oregon HB3328) and a Case of Pediatric Murder by Abuse. (Code 44)**

Track: **Pediatrics**

To be Presented: **1:00 p.m.-4:00 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Nurses practicing in any setting may be given an opportunity recognize and document findings of abuse in children. This course will introduce attendees to 3-year-old Karla “Karly” Sheehan. Karly was murdered by her mother’s boyfriend after a lengthy period of veiled abuse. This abuse was not recognized in spite of medical, law enforcement, and child services evaluations. Issues surrounding this case led to the passage of “Karly’s Law”—Oregon HB 3328—which affects the way child abuse multidisciplinary teams (MDTs) identify, document, and respond to child abuse. The presenters will offer a detailed review of this case. Special emphasis will be placed on obstacles faced and lessons learned by members of the varied agencies involved. Repercussions of the resultant legislation and changes to local and statewide education efforts will also be addressed. The aim of this presentation is to arm nurses with hard earned information in the hope that this scenario will not be repeated.

Objectives:

- Explore the variety of ways in which nurses can impact child abuse and child death investigations, and/or detail the importance of communication between medical, legal, and law enforcement professionals.
- Examine ramifications of Oregon HB3328 which requires photo documentation of suspicious injury, identification of designated medical professionals, and mandatory medical assessment of suspicious physical injury.
- Explore resultant forensic awareness training programs for EMS and medical professionals.
- Make clear the profound importance of detailed documentation (both written and photographic) in child medical assessments.

Presenters - Mike Wells; Jennifer Schindell



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **What's Old? What's New? The 2009 Scope and Standards of Forensic Nursing Practice (Code 45)**

Track: **General Forensic**

To be Presented: **1:00 p.m.-2:30 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Since 2003, you have heard about the new and improved Forensic Nursing Scope and Standards of Practice. They were vetted through a rigorous process both internally and externally, but they were finally approved in 2008 by the American Nurses Association Nursing Congress on Practice, posted for public comment, and are now published. This session will bring interested forensic nurses up-to-date, not only about the evolution of our collective insight regarding the scope of forensic nursing practice over the last decade, but understanding the application of this important document to our daily forensic nursing practices. There will be a frank and open discussion about the distinction between forensic nursing practice and advanced forensic nursing practice. A fun walkthrough of the history of the process, the sticking points, a panel discussion, and presentations of case studies that helped frame the final acceptance of the document will be presented. The presenters will encourage audience participation to be part of this lively exchange of information, action, and ideas that frame our forensic nursing practices.

Objectives:

- Review the history of the development of the scope and standards of forensic nursing practice.
- Discuss the impact of scope and standards on practice and credentialing of forensic nurses.
- Present case studies that exemplify forensic nursing practice.
- Review other uses of scope and standards from case studies (audience participation).

Presenters - Patricia Speck; Susan Patton; Anita Hufft



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **The Mystifying Treasure: Recognizing the Value of the Child's Medical History (Code 46)**

Track: **Pediatrics**

To be Presented: **1:00 p.m.-4:00 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Sexual assault is a silent predator often revealed only by words. Our children live in a special world and have a unique language that can easily be misunderstood by professionals caring for the child victim. This session will focus on the appropriate cognitive language for various developmental stages in order to have effective communication with this diverse patient population. The medical evaluation of a child who has experienced sexual abuse should center on the "Child First Doctrine." A comparison will be presented between gathering a medical history and the contrast to a forensic interview. Valuable and useful tips of how to obtain a non-leading medical history for the formulation of a diagnosis and treatment plan will be presented. This will also provide the conduit of how the mystifying treasure of this medical component can enhance the multidisciplinary team response to child maltreatment.

Objectives:

- Review language ability of various age levels.
- Identify the nursing role in the "child first doctrine."
- Compare the medical history and the forensic interview.

Presenters - Diana Schunn; Jamie Ferrell



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Disaster Preparation: The Evidence for Personal, Family, and Community-Based Response and the Forensic Nurse Practitioner (Code 47)**

Track: **General Forensic**

To be Presented: **1:00 p.m.-4:00 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Disasters touch everyone in the community population, regardless of the type of event, with damage causing limitations in access to care for primary care and preventative services immediately and long after the event. Disaster nursing practice encompasses the four central concepts of nursing theory: person, environment, health, and nursing (NeSmith, 2006). Nurses who are competent and respond to disasters focus on basic interventions as delineated in fundamental and advanced disaster life support core principles. Community disaster plans rely on the integration of stakeholders and health care providers as primary resources to render immediate care to victims injured during the event. The role of the forensic nurse is diverse and demonstrates clinical capabilities beginning with trauma resuscitation to mental health and critical incident stress management, death investigation, infectious disease, syndromic surveillance, and public health nursing. Each aspect poses many challenges. Data research science recognizes the evidence associated with response to a disaster but, more importantly, the person education and family preparation. This presentation will demonstrate the significance for nurses—who are also community members—to be personally prepared.

Objectives:

- The learner will be able to discuss the importance of disaster preparedness in all communities.
- The learner will be able to translate knowledge of deficits in disaster preparedness into opportunities to create systems that are prepared to continue functioning in the face of a mass disaster.
- The learner will be able to apply knowledge and principles presented to mock disaster scenarios.
- The learner will be able to use strategies and discussion from workshop applied to actual forensic nursing program disaster planning.

Presenters - Joyce Williams; Joan "Ecoee" Rooney



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Successful Development and Sustaining of a Mobile, Community-Based SANE Team (Code 48)**

Track: **SANE**

To be Presented: **1:00 p.m.-2:30 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

All types of forensic teams face potential challenges throughout the years of providing service. As the growth of forensic nursing programs increase, many start and struggle to sustain services. Some of these difficulties occur during the program development phase. Additional challenges are present in sustaining a program once it is up and running. This presentation will explore general steps to initial program start-up. Decisions regarding profit or non-profit status will be discussed. Exploration of establishing 501(c)(3) non-profit status, developing a board, options for obtaining funding, managing growth, improving quality, and sustaining team members will be provided. Unique challenges and solutions for teams that are mobile and community-based exist. Specific discussion regarding success and pitfalls in development of a mobile, community-based sexual assault team will be offered. The presenter will also share experiences and lessons learned by a variety of types of programs in the state of Utah. Audience members will be encouraged to share their experiences.

Objectives:

- The learner will be able to list different types of forensic teams.
- The learner will be able to describe components of program development.
- The learner will be able to identify strategies for sustaining team participation in the program.
- The learner will be able to evaluate areas of individual programs that may benefit from new approaches in team management.

Presenter - Dianne Fuller



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **A Critical Evaluation of Sexual Assault Prevention Programs Directed at College-Aged Men (Code 49)**

Track: **Leadership/Admin**

To be Presented: **1:00 p.m.-2:30 p.m., Friday, October 23, 2009**

Research or Non-research? **Research**

An unacceptably large percentage of women experience sexual assault during their collegiate years and efforts to eliminate sexual assault exist in various forms at numerous universities. The only way to effectively decrease the occurrence of rape on college campuses is to stop the perpetrators. This review examined established sexual assault prevention programs designed for college men to determine if an ideal educational program exists, or if one can be established, to effectively change male attitudes and behaviors surrounding sexual assault. A library search of scientific databases yielded seven studies, published from 2000 to 2007, that met inclusion criteria. Through a variety of interventions, including oral presentation, group discussion, and video vignette, a measurable number of formerly held attitudes and beliefs about rape, rape myth, and the role of the bystanders in an assaultive situation were effectively changed immediately post-intervention in most studies. Additionally, one study demonstrated sustained behavioral change. These results can effectively be used to provide education for forensic and school-based nurses to guide practice for development of educational programs to successfully change harmful attitudes and beliefs that contribute to rape.

Objectives:

At the end of the presentation, participants will be able to

- Discuss the incidence of sexual assault on college campuses and the need to implement educational programs to facilitate a decrease in the incidence of sexual assault at the university setting.
- Identify a variety of successful modalities available for the education of sexual assault prevention for male college students.
- Critically evaluate rape prevention programs for male college students and determine which interventions are most likely to be effective for changed attitudes and behaviors related to sexual assault.
- Apply the research presented for the development of educational programs to successfully change harmful rape attitudes and beliefs in university or high school settings.

Presenter - Stacy Garrity



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Child Internet Safety (Code 50)
Track: Pediatrics
To be Presented: 1:00 p.m.-2:30 p.m., Friday, October 23, 2009

Research or Non-research? Non-research

Although the print and electronic media have informed the public about the risks of child victimization, crimes against children are increasing through the medium of cyberspace. The main sex exploitation offense referred to U.S. attorneys shifted from sex abuse (73%) in 1994 to child pornography (69%) in 2006. A major goal of this research project was to examine the evolution of obscenity and pornography via the Internet and the connection to child sexual victimization in three ways: (1) by surveying a sample of Internet sexual offenders; (2) by examining the age spectrum of exposure to, use of, and technical familiarity with Internet pornography in high school students, college students, and offenders; and (3) by reviewing the efficacy of existing child protection software with recommendations for the next “generation” of such filters. This forensic issue of online child sexual victimization is important for all nurses. Psychiatric nurses will be needed to assess and treat both child victims and offenders. Community health and pediatric nurses will need to be knowledgeable for prevention of victimization by knowing where to refer parents who are concerned about their child’s use of the Internet.

Objectives:

- Define child exploitation and cybernet crimes.
- Identify the Internet risk behaviors of middle school children, high school students, and college students.
- Describe the analysis of Internet filters for blocking images and content.
- Describe the use of pornography by Internet offenders in their crime patterns.

Presenters - Ann Burgess; Elizabeth Dowdell



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Using Today's Technologies to Deliver Clinical Education:
A Guide for Technophobes (Code 51)**

Track: **Leadership/Admin**

To be Presented: **3:00 p.m.-4:30 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

A common concern among clinical program managers and clinicians alike is the need for affordable and accessible clinical education. Sending team members to conferences and classes can be prohibitively expensive, particularly for programs whose training budgets have suffered in the current economic crisis. This session will review existing technology, examining ease of use, cost, and accessibility. Participants will learn how to identify sources for these types of educational offerings and basic techniques for employing the technology to create their own offerings.

Objectives:

- Participants will be able to define technology terms related to web-based education.
- Participants will be able to identify sources for web-based educational offerings.
- Participants will be able to identify tools and equipment needed to create their own web-based educational offerings.
- Participants will learn basic steps for creating web-based educational offerings.

Presenter - Jenifer Markowitz



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **From Ideas to Publication: A Celebration of Forensic Nursing (Code 52)**

Track: **General Forensic**

To be Presented: **3:00 p.m.-4:30 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Writing for publication is the foundation for scholarly communication among professional colleagues. Through writing for publication, forensic nurses promote forensic nursing expertise and innovations, demonstrate leadership among nursing and interdisciplinary colleagues, disseminate research findings, and advance forensic nursing as a specialty. Writing manuscripts suitable for publication is an art and a science, and building knowledge for the nursing profession and the discipline requires ethical communication among professional colleagues. *The Journal of Forensic Nursing* (JFN) is one mechanism for promoting scholarly communication among forensic nurses. Writing for JFN or any other professional journal can be a daunting experience for the novice and the expert alike, and requires healthy doses of humility, attentiveness, perseverance, creativity, and integrity. Drawing on their collective experiences, the presenters will engage participants in an interactive session that focuses on tried and true strategies, such as “Getting started,” “Fixing bad first drafts,” “Turning presentations into publications,” “Surviving the review process,” and other tidbits of tantalizing writing trivia deemed essential to successful publication. Upon completion of the session, participants will be invited to discuss their ideas for publication with a member of the JFN editorial board, encouraged to submit manuscripts for review for publication in JFN, and given the opportunity to be considered for appointment to the JFN review panel.

Objectives:

- Identity factors that “get in the way” of writing for publication.
- Discuss strategies for transforming class papers or conference presentations into a manuscript suitable for publication.
- Review the steps of the peer review process.
- Reflect on the importance of writing for publication as a means of advancing the art, the science, and the ethics of forensic nursing.

Presenters - Cindy Peternelj-Taylor; Paul Clements; Louanne Lawson



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Rachael's Story: Fifty Years in a Violent Marriage—Where is the Health Care Connection? (Code 53)**

Track: **Domestic Violence**

To be Presented: **3:00 p.m.-4:30 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Rachael was 75-years-old when she made a life-changing decision to leave a violent husband after 50 years of marriage. As with many older victims of intimate partner violence, her health bore the consequences of stress, mental anguish, and physical abuse, compounded by the effects of normal aging, isolation, and constant pain. Health care providers are instrumental in the accurate identification, assessment, treatment, and appropriate referral for those victimized in later life. The National Institute of Justice (NIJ) and the Centers for Disease Control (CDC), estimate 1.5 to 3.9 million women are physically abused every year by an intimate partner with a lifetime prevalence of 25 percent. A history of abuse increases the potential for co-occurring and debilitating health outcomes. Health disparities increase vulnerability and lessen the probability of escape. Older victims are less visible than their younger counterparts due to ageism, religious, and cultural norms. As in Rachael's life, these issues were compounded by financial constraints, lack of transportation, traumatic bonding and fear which manifested over time. As the years progressed, it became increasingly difficult for her to reach out due to declining health. This presentation will address the changing face of intimate partner violence over a life span through one woman's story of surviving the horror. Rachael's story illustrates the importance of health care access throughout the lifespan and the importance of contact to recognize violence in later life. After many decades of living in terror and pain, Rachael spent her remaining years in peace and freedom. Her health improved thanks to the integral role of her health care providers.

Objectives:

- At the end of this session, participants will recognize the importance of their role in recognizing intimate partner violence throughout the lifespan.
- At the end of this session, participants will understand the changing tactics of abuse that affect victims of violence differently than their younger counterparts.
- At the end of this session, participants will demonstrate knowledge of the community role in assisting victims of violence in later life.

Presenter - Susan Michalski



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: **Removing the Band Aid: A Closer Look at Human Trafficking and Health Care (Code 54)**

Track: **General Forensic**

To be Presented: **3:00 p.m.-4:30 p.m., Friday, October 23, 2009**

Research or Non-research? Non-research

Human trafficking is a crime that uses its victims as disposable commodities for personal gain. Trafficking operates without moral, ethical, and legal boundaries, in which the men, women, and children endure a level of violence that is catastrophic and sometimes even fatal. Although the international numbers are staggering, identification within all sectors globally has been underestimated and extremely difficult to implement. Specifically, within global health care systems these victims although present, have gone unnoticed, creating a vital need to enhance education of health care professionals—specifically front-line nurses to look beyond the physical injuries of a patient to identify underlying factors that facilitate ongoing suffering, injury, illness, and death. With advanced training, the call for medical forensic examination will become evident, communication with patients will be improved, barriers that inhibit identification and care will be broken down, and the gap between health care and other sectors will be closed to enable a team approach to best practice.

Objectives:

- To examine human trafficking and its influence on the healthcare system and the patients we treat.
- To explore the vital role of forensic nurses and healthcare professionals in regards to human trafficking.
- To explore identification tactics of a potential human trafficking victim that are practical and applicable within the healthcare setting for healthcare professionals.
- To examine a current healthcare service model of care for human trafficking victims implemented within British Columbia.

Presenter - Tara Lamb



ABSTRACT
IAFN 17th ANNUAL SCIENTIFIC ASSEMBLY
OCTOBER 21-25, 2009
CROWNE PLAZA RAVINIA HOTEL
ATLANTA, GEORGIA

Title: Elected Coroners: The Road to “The Office” (Code 55)

Track: Death Investigation/Legal

To be Presented: 3:00 p.m.-4:30 p.m., Friday, October 23, 2009

Research or Non-research? Non-research

Many forensic nurses are seeking positions in the area of death investigation. Some have sought and successfully run for elected office and are currently serving as “Coroners.” The presenters will share their experiences as they decided to run for office, completed the required steps in the filing process, organized and ran campaigns, and begin tackling the challenges of being the “Newly-Elected Coroner.”

Objectives:

- Participants will be able to list at least three things to be considered when deciding to run for elected office.
- Participants will be able to discuss typical requirements for filing for political office.
- Participants will be able to identify at least three critical components of campaigns.
- Participants will be able to list four steps that are helpful in assuming the responsibilities of the “Newly Elected Coroner.”

Presenters - Rae Wooten; Beth Kimmerling; Sabrina Gast