Forensic Nursing Internship

Introduction

This internship was an overwhelming step towards the career of forensic nursing which I have plans of pursuing. The objective of this internship was to get closer view of the ambitious, yet wholesome role of forensic nursing. In the future, my interest as a nurse is going to be more directed towards forensic science rather than general health care. My goal as a forensic nurse would be to help alleviate and prevent sexual crimes from occurring.

This internship was strictly directed towards alleviating and preventing sexual crimes. The mission of this organization is to redefine how patients of sexual assault are treated within the health care system of today. At Methodist Specialty and Transplant Hospital the Sexual Assault Nurse Examiner, commonly abbreviated as SANE, staff makes sure that patients are seen immediately. They also guarantee that the team is compassionate to meet the wishes of the patient. Not only do they work for the patient themselves but they now become the liaison between the medical field and the legal field. However, recently that has changed, I was able to witness a new law that was put into place which gave the survivor more control over their situation. They now have the option of involving or not involving law enforcement. If they choose not to we can hold the evidence for up to two years if they
change their mind. This is currently known as the Jane Doe Act, this law entails both positive and negative aspects. I will discuss more in detail throughout my paper.

Patient Exam and Procedure

When a patient comes in, who we call a survivor, they are given their options. The forensic nurse is acknowledged as the ring leader of a team effort. Assisting the forensic nurse is a chaplain as well as an advocate from the Rape Crisis Center (RCC). The government pays for the survivor’s counseling provided by the Chaplain and advocate, even if the survivor chooses not to involve law enforcement. Provided by these services the survivor is first made comfortable with the counselors at hand. They are the key to making the survivor feel as relaxed and secure as possible. When the survivor feels at ease the SANE will then ask them to state the history of when he or she felt physically and sexually violated. Preceding that process the patient then becomes a crime scene. A forensic nurse examiner (FNE) or SANE will take pictures to provide a detailed account of bruises or point tenderness that is correlated with the survivor’s history. A ruler is always present to show size and shape of contusions or abrasions. If however technology fails, they also write down their findings on a documented sheet.

They describe the color of the abrasion or bruise, the size, and the shape. They will also look for any bodily fluid residue with a black light. If findings are positive, the FNE will swab the area for any DNA evidence. Once the physical exam is done, they will carry on to the genital exam. This part of the exam is delegated to observe if any injury has been found on the genitals as well as the anal wall. They use a tool called colposcope to magnify any injuries that cannot be seen with the naked eye. This was first introduced for children,

Martinez 2
because their genitals are so small. However, due to rugation, pubic hair that surrounds that area, and other factors, the genitals on adults are also hard to examine. The colposcope improved the vision accuracy of trauma up to ninety percent on rape survivors. Colposcopic photography is now used for documenting trauma located on the genitals, in the oral orifice, as well as any anal injuries. The camera used on the Colposcope is a 35 millimeter camera, this type of camera takes very detailed pictures which is very useful for providing visual evidence to the court of law.

Another means of checking for injury is using a blue dye (Toluidine blue dye) that will be rubbed along the external areas of the vagina or anal orifices. This is to improve the visualization of vulvar injuries. Then the dye is rinsed with distilled water or vinegar, if the area still appears blue that indicates cell damage. Thus the evidence reveals injury to the highlighted areas. The most common area of injury is the posterior fourchette, this is where the penis usually hits before penetrating the vagina. The orientation of injuries is described in a clockwise manner; therefore in this case the injury of the posterior fourchette would be located at the six o’clock. The second areas to be inflicted by injury are the labia minora which lines the external area of the vagina followed by the hymen which is located internally inferior to the vaginal vault.

Once the survivor has completed the exam process they are given the option of taking medication to prevent against sexually transmitted infections such as: Gonorrhea, Trichomoniasis, Chlamydia, etc. The medications are: Rosephin (150 mg), Flagyl (2gm), levaquin (250mg), phenergran (120 mg), and Tetnus. Rocephin belongs to the family of drugs known as cephalosporins, these types of medication fight bacteria that invade the human body. This medication is used to protect the survivor from gonorrhea, pelvic
inflammatory disease, and urinary tract infections. Zithromax is a medication that will aid if the patient might have any bacterial infections such as chlamydia. In addition to those medications they also provide the plan B to prevent against pregnancy which is two pills that should be taken 12 hours apart. Nausea medications are also provided to ensure that harsher medications are able to stay in one’s system for more than three hours. They then sign a release form, and if they choose they will follow up with law enforcement. The FNE do not keep in contact with that survivor in the event that this particular case goes to court.

Rape Trauma Syndrome

Not only is a FNE trained in forensics, but has to be aware of the survivor’s emotions. This is what you call the Rape Trauma Syndrome, a survivor goes through a series of roller coaster emotions. They deal with physiological and behavioral emotion this can occur during the assault or after. It is a FNE job to make sure the patient is psychologically stable in order for the exam to proceed. Rape Trauma Syndrome consists of 3 stages: acute, reorganizational which is considered in outward adjustment to the situation, and resolution in which the FNE as well as RCC and a chaplain will aid in the process.

Suspect Exam and Procedures

A suspect’s procedure is vastly different than that of a survivor. I have only witnessed one suspect exam, by aiding Shelley, the internship direction of the program, in the process. Therefore, I feel content in describing the collection process and any other methods of the exam that occur from my view. The suspect is brought in by law enforcement.
enforcement, who are also required to be there throughout the entire procedure for safety precautions. The FNE nurse does not ask questions, all that is required to do is collect the evidence that is needed. In order for the exam to commence the suspect is either arrested or they have to consent to the examination. The examination process takes approximately one hour, versus a survivor examination that can take up to four hours. The first step is for the suspect to remove their clothes. The FNE will document any identifying marks such as tattoos, birthmarks, or scars. They will also be looking for any wounds that the suspect might have received from the attack.

It is very important to correlate the survivor’s story with the suspect's wounds. If the survivor claimed that he or she had scratched, bitten, or fought back in general towards the assailant, marks would then be in the stated location on the suspect’s body. A designated procedure is allocated towards those wounds. The methods would involve the swabbing of that specific area to check for cross DNA contamination. Next, the FNE would take photographs of the suspect holding the case number so there is no question of identification. They will also take pictures of any trauma as well as markings on the body.

Photography along with other forensic evidence is essential to law enforcement for both the suspect and survivor. Once again a chart is filled out that provides a detailed documentation to supply the FNE with information to associate with the wounds on his or hers body. The second step would be to swab the genitals for any bodily fluids as well as any anal proliferation. The third would be to collect around thirty hairs from the head as well as pubic hairs. This is to provide evidence to connect any indication that the suspect was linked to the scene of the crime. The fourth and final step would be to collect their clothes if the law enforcement wishes them to do so. Everything that is collected has to be
labeled in a detailed way with: (1) a signature of FNE, (2) the date it was collected, the time it was collected, (3) the case number that the case is defined as, (4) and what item is being collected. After the examination the suspect is released to either go home or they are taken to jail which is determined by law enforcement. Again the FNE will have no contact with the suspect just as they have no contact with the survivor at any time before trial.

**Location of Internship**

The location of my internship was at the Methodist Specialty and Transplant Hospital. They have four designated rooms for their practice. The first room is known as the survivor’s room, currently Shelley (SANE coordinator) is working on painting the rooms in order for the environment to feel more comfortable. It has a sit down area where the patient gets comfortable with the FNE, the chaplain, and the advocate. They also have an area strictly dealing with evidence collection, in which no one has permission to go into unless given permission by one of the FNE. The second room is recognized as the suspect room which is located some distance away from the survivor’s room. This ensures a way to prevent the suspect and the survivor from running into each other during the examination process. The third room is known as the evidence room. This is where the FNE holds all evidence until law enforcement can collect it. However if the item that needs to be collected is liquid or is wet, an evidence tech will need to come collect it themselves. The evidence is then transferred to a crime lab where it can thoroughly be examined. The fourth room is just considered a storage room. Only the hospital staff knows which room is which, but if it were a civilian entering the hospital they would never be able to locate where these rooms are placed. This is for the privacy of the patient as well as the suspect.
The program that I work for specifically attends to adult survivors. However, physical maturity for female adult is considered to be 13 and up, it mainly depends on when a girl begins with her menstruation.

**Organizational Layout**

Now that I have described the location, the physical layout of each room, and their mission, I know want to touch on the organizational layout. All this would not be possible if it were not for the aid and dedication of outside supporters. Doctors as well as the head of the ER unit oversee the functioning of the SANE division. All the medications and tools are supplied through the ER. Social workers aid in the psychological support of this program. Chaplains are hired by the hospital and are trained to become specialized in sexual assault cases.

Shelly Botello is the head nurse of the SANE unit in Methodist Specialty and Transplant Hospital. She is given the resources funded by the government to have 10 nurses under her. The chaplains and advocates are also provided through the use of governmental money, and it is Shelley who sees that they are the right fit for this evolutionary program. As one could see this is a team effort, which would not be possible if it were not for this organizational layout.

**Description of Internship and Duties**

As described earlier this unique internship that I choose deals strictly with sexual assault cases. In the past, survivors were often re-traumatized in the hospital when they
were treated for sexual assault. Doctors, as well as nurses, were often inadequate at tending to the needs of the patients. At times, patients would wait for several hours before being seen. Today all that has changed, a SANE or FNE is trained to provide an overwhelming amount of care for the patient, they also make sure to treat the survivor in a reasonable amount of time. Lastly, they are well educated to execute a thorough forensic exam. My internship coordinator was lead by the head FNE nurse in the San Antonio branch, Shelley Botello. The purpose of this internship was to gain further knowledge in the field of forensic nursing.

It was important to list a very descriptive account of what the survivor or suspect goes through, because as part of my duties I was able to observe and document forensic examinations. I was also able to review charts that were documented and examined pictures with a Certified Forensic Nurse. While reviewing such documentation I became familiar with the steps that I have described above. Methodology was a key aspect to a forensic evaluation and my internship coordinator stressed that. I was also able to observe a suspect exams and observe the evidence collection. I would aid the forensic nurses during the forensic evaluation, anywhere from cleaning up the table to actually being able to take pictures. As they were photographing the physical trauma, they would say out loud the size and shape of a lesion or bruise and I was required to write it down. I would organize the charts into three separate piles that were sent to law enforcement, to the SANE coordinator (Shelly Botello), and ER. I would help label the forensic evidence, but it was always the forensic nurse that would initial and seal the evidence.

Not only were FNE required to collect evidence, they were also required to be an expert witness if a subpoena was given to them about the case. Therefore I was able to view
two murder trials that the FNE testified for. When a FNE testifies she or he is not testifying for the suspect nor the survivor, they are strictly there to testify for the evidence. The FNE are hired by the state, you have to be able to control your emotions and be unbiased towards the story at hand. Evidence that a FNE collects can either support the survivor or quite the contrary it can support the suspect, thus you have to be unprejudiced regardless of what your opinions might be.

For example, a patient comes in and claims she has been sexually assaulted by a police officer. The FNE collects the evidence, and the evidence accumulated can only support the presence or absence of DNA. The situation can go one of two ways: the evidence at hand can show that the police officer’s DNA was not present on the swabs collected or the DNA evidence can support that they cannot disprove the police officer’s presence at the scene. Therefore the evidence collected is meant only to establish a biological profile if DNA or any other genetic material is present. This biological profile specifically looks for a particular sequence on a DNA strand known as short tandem repeats or STRs. This part of DNA does not code for any particular protein, thus it is known as Junk DNA. However there is an extreme amount of variation within this section of DNA which makes it almost impossible for any other person on the planet to have the same coding. The same goes for other evidence that is collected it can only support not confirm a guilty sentence. Concluding that the forensic evidence collected or lack of supported the accused testimony or supported the survivor’s testimony.

In addition to my other duties, Shelley as well as her boss, thought that it would be great to input and analyze data that related to our population of patients. Currently, I am still working on that data. However, I was able to establish figures on the number of
suspects and survivors each FNE has done from the year of 1998 to 2009. Another obligation that I undertook was a pamphlet that was directed towards the new Jane Doe Act. The law maintains that each state follows that adult survivors of sexual assault are not required to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic evaluation. Therefore a patient now has the right to have a sexual assault forensic evidence collection even if one does not want to cooperate with police. One can still receive medical treatment, including medication to prevent pregnancy and sexually transmitted infections with forensic/ medical evaluation.

The purpose of this act is to allow the survivor more time to decide whether he or she would like to involve law enforcement, but still maintaining evidence while it is still present. Though I believe the jeopardy of the assailant getting away is at a higher risk when there is this time difference between the assault and law enforcement interaction. This is because when one chooses to involve law enforcement they initiate investigation right away. This also allows the police the opportunity to collect evidence from the crime scene while it is still unpolluted or destroyed. Consequently, evidence could be lost that would have otherwise been collected in a timely manner. The suspects and witnesses will not be interviewed and they may be unwilling or unable to cooperate later. It may be more difficult, if not impossible, for a prosecutor to file charges against the suspect if one decides to cooperate later.

In addition to those tasks I also aided in fixing closets and reorganizing materials. This organizational strategy made it much easier to locate items in the future. I also made a file for each billing document that was under a certain jurisdiction. This again made it a lot easier for Shelley to obtain billing records for each year. Overall each task has made me
understand the protocol as well as the evidence that is written down. I am now able to convey what each part of text means on the documentation.

**Personal Experience**

The personal experience that I found to be the most challenging occurred during what seemed to be a routine examination. A patient came in who seemed lucid, he had normal vital signs. However when monitoring him closely it appeared he was OCD. He walked barefoot, not allowing anyone to touch his, what he called “brand new Nikes.” He then went on to say that he was part of the US MLS soccer team. We then knew that something was wrong. However, the police had given the patient a case number, therefore the FNE were required to do a forensic exam. When the FNE began to ask him questions, he seemed confused. He had claimed that he had been assaulted in the anal and oral orifices. His answers appeared to be all over the place, but he convinced the FNE that he was okay to continue the process. The FNE allowed me to come in and survey everything that was going on. I noticed the patient was real fidgety, I would try to talk to him in order to calm down. It would work for a while, until the FNE was distracted.

I noticed that whenever the FNE would turn her back on the patient he would sit up straight and try to reach for her. Not knowing the patient’s background, I had no idea what to do. For example if I would have told the patient to stop, and the patient could have had a explosive disorder. That result could have been a bad situation, thus putting the FNE’s life
as well as my own in harm’s way. Instead I started to grab the forensic evidence containers, and hand them to the FNE that way she would no longer have to turn her back on the patient anymore. I was for once petrified that if something were to happen to the FNE I would be hopeless in helping her. The patient was around 5 feet tall and 11 inches. There was no telling what the patient could do, and I was not willing to try him.

After the procedure was done, the FNE went to go see if there was a medical history on this patient. It turns out that he is violent towards women, he is paranoid schizotypal, and much more. I then let the FNE know what I had witnessed, and she was shocked. She had no idea what was going on. She had thanked me for being aware, but I was just glad nothing had happened to her or me. This personal experience I found very important, because this was the first time I had ever felt threatened. I had witnessed more psycho patients being admitted as survivors then normal people. This time was different, I was scared. It turns out that the officer who approved this case, should have spoken with Sex Crimes Department. If he had, more appropriate steps would have been taken.

Nevertheless, I am still thankful that I was able to observe a case like this because I did learn a lot from it. For one, I found out where the panic button is located in the room. In addition I feel that witnessing such a case had put me in a slight advantage. In the sense that most Forensic Nurses are not introduced to situations such as those. I feel that this internship has pioneered by career as a Forensic Nurse. However, it was by observation as an intern that really familiarized the qualifications you have to have, in order to present yourself as a great Forensic Nurse.

Being an Anthropologist
Anthropology has taught students to think holistically about environment and correlate that with human behavior. There are different variations of culture; each has a unique way of responding to human behavior. One has to analyze the person that is being addressed, in this case how to treat this person to fit their medical needs. Anthropology teaches you to study the situation at hand, study the person’s behavior, and try to make it a comfortable setting for the two of you to communicate more. Biological Anthropology has provided a base to the comprehension of medical practice. Anthropology also makes one more aware and more keen to comprehend the human mind. In addition Anthropology portrays how the environment holds some sense of authority, as a FNE one has to be able to understand the regulation of law. By fully grasping the judicial system, FNE really cannot fail at their job. As an anthropologist the training invokes one to be more intuitive with the individual at hand, in this case the survivor, and be able to reach them on a more personal level. One of Anthropologies principle teachings is to rely on the human perspective for answers. Overall I think the knowledge that I have gained in Anthropology will direct me in a long future career as a Forensic Nurse Examiner.