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Sexual Assault Forensic Examination (S.A.F.E.) Program.

Evidence admissible in court

Doctors and nurses get absolutely no training in medical school or nursing school in how to care for victims, how to provide advocacy, how to collect evidence. And so it was pretty much hit or miss in how they were cared for depending on where they presented. And so 15 years ago I found a stellar program that I was able to attend, and brought it back, and started a program that has been landmarked for benchmarking in this area. Now when a patient comes in if they have some type of injury, we take pictures, we collect the evidence. Advocacy can get all the history in the world, but it's not admissible in court: they're advocates. And so they may or may not get protection orders depending on that. But if licensed medical personnel get that information, than it is admissible in court.

Forensic medical examination

We're called in, we're deployed, we're available, on call 24-7 round the clock. We come in, we greet the patient, we interview them in a separate room, in a private room, where they're fully dressed. To give them respect. After we find out what we need to collect for evidence, they are brought into this room and we begin evidence collection. Based on the history that they give us we know what biological and what trace evidence we need to collect off their body. We do a head-to-toe forensic medical examination and as we go down their body we are literally looking for trace evidence. We have cameras that can magnify areas of their body so that we can see fibers that you might not be able to see with the naked eye. We have cameras and devices that let us see injury that you might not be able to see clearly or photograph.

Detecting strangulation

One of the biggest groundbreaking things we've done is with strangulation. We have an alternative light source, which is the only one to my knowledge in the state, that's used on live patients, that can see injuries underneath the skin. So we have folks that are strangled, and maybe they're dark skinned or maybe it's been too soon for injuries to appear. We can see the marks, and they literally light up like a Christmas tree on their neck, or wherever the injury is on their body...We've had patients who have come in for a sore throat. They want to be treated for a sore throat, and as we've talked to them through screening, we found out that they were strangled by an intimate partner. And as we find out that they are strangled they are saying oh no, no, no not really, just a little bit of pressure, and as we use our light, and as we get evidence, and as we get the x rays and put the whole picture together we find that they were strangled pretty severely. Two-handed choke-holds on some of these folks, and so we never would have done any of that examination, for just a sore throat. Initially we would have done a throat culture on them, taken a look, didn't see anything, sent them home with an antibiotic maybe. So the fact

that we're able to dig a little deeper, ask the questions in a caring manner, yields real positive findings for the patient.

How to ask screening questions

Now a lot of these patients may not answer positively on a screening, you figure you've got a perfect stranger screening you when you come into an emergency room, or anywhere in the hospital, for surgery on the floor, wherever. That person asks you very personal questions. That for whatever reason you're not telling anybody about because you've been involved in violence in your home. This person knows your vulnerabilities; they've been threatening you, they've maybe wanted to take your children away. They may be wanting to kill you if you report. They know when it's safe and they haven't decided to do that. I don't believe for a minute that most people are going to tell me yes, if I ask them if they are in a dangerous situation in their home, if anybody hits, punches, or abuses them. I don't expect a "yes" answer. I really don't expect a "yes" answer if there's anybody else around. If there's anybody else in triage within hearing distance, I'll never get a "yes" answer. And, so I'll wait until they go to x-ray, or a time I can get them alone. And then I'll ask them those questions, because I'm more likely to get a positive response.

Even if I don't, I've done one very valuable thing for that person. And that is tell them that we're a safe place. A place that cares, and maybe it'll cross the line, maybe next time it'll be their child who's assaulted, or they'll say something, or they'll threaten them in such a way, or whatever crosses their line. They will remember, that somebody at Mercy medical center cared to ask and provide safety. And so they'll tell us maybe the second time.