



Why should DV Clinical Forensic Examinations be added to VAWA?

- Domestic Violence (DV) victims with major visible injuries will generally be provided medical treatment and transported
- Felony strangulation and suffocation victims and victims experiencing internal injuries are not receiving the assessment, diagnosis, and medical treatment they need
- There are now 47 states with felony strangulation and suffocation laws including VAWA, the Uniform Code of Military Justice (UCMJ), 20 Tribal Codes and 2 Territories.
- Tens of thousands of felony DV assaults, particularly life-threatening assaults such as strangulation or suffocation, occur every day in this country but they become misdemeanors in the absence of DV Clinical/Forensic Examinations
- Victims of near and non-fatal assaults and other serious DV assaults are suffering permanent brain damage and traumatic brain injury (TBI), and are not receiving the assessment and treatment they need
- DV victims need the same protections and services as sexual assault victims

Why are Clinical Forensic Examinations Necessary in Domestic Violence Assaults?

- When victims have major external injuries, these are easily identified and medical response is generally prompt and thorough. DV Clinical Forensic Examinations or examinations by emergency medicine physicians are provided in cases with clear, major injuries.
- However, in other types of DV assaults, such as strangulation, suffocation, or concussive assaults, there is often little, if any visible external injury.
- Similar to sexual assault, many DV victims may have injuries that are hard to detect. The internal injuries can be serious and life-threatening.
- Victims minimize strangulation, suffocation, and other kinds of head trauma which can cause a TBI. Untrained first responders may also minimize the severity of the injuries when there is a lack of obvious and visible trauma.
- The types of injuries inflicted in DV assaults often requires specialized training and documentation skills to ensure proper evaluation, diagnosis and treatment.
- There is a critical need for the early detection of life-threatening injuries in strangulation, suffocation, and concussive assaults, such as:
 - Petechiae (as a result of strangulation);
 - Traumatic brain injury;
 - Loss of Consciousness (from the loss of blood flow to the brain);

- Carotid and Vertebral Artery Dissection (as a result of strangulation);
- Fractures to the neck bones and cartilages, including the hyoid bone and cricoid, and thyroid cartilage;
- Damage to the trachea;
- Internal swelling and bleeding that may not appear externally for days).
- Clinical Forensic examinations can also lead to more disclosure about the actual incident and even more evidence of prior abusive incidents
- The DV Clinical Forensic examination is **medically necessary** but it can also be forensically beneficial as statements made to medical professionals fall under a hearsay exception, which could minimize the need for victim testimony in court and the trauma associated with testifying in court
- Recent studies have shown that the use of forensic nurse examiners to conduct such an exam has improved documentation and increased felony prosecution
 - San Diego, CA and Maricopa, AZ (as well as many other jurisdictions) saw an increase of felony strangulation and suffocation prosecutions after implementing a DV Clinical Forensic Examination protocol (40-65% increase)
- Strangulation, suffocation, and concussive assaults produce a near-death experience. Victims are traumatized. Victims are more likely to experience Post Traumatic Stress Disorder (PTSD) or a TBI and therefore there is a need for early detection.
- VAWA and 47 states have now recognized strangulation and suffocation in DV incidents as felony offenses, therefore there is an increasing need for free forensic exams and free limited medical services which can be provided at Family Justice Centers (FJs), Rape Crisis Centers, and at hospitals
- While Victim Compensation Laws provide that victims should not pay for medical expenses associated with DV crimes including paramedic transport and medical diagnosis and treatment related to the assault, victims must expend thousands of dollars before being able to request reimbursement
- Coordinated victim compensation responses to strangulation and suffocation are relatively new. Victim compensation professionals are still being trained. Some may not recognize the need for paramedic transport and the need for radiographic imaging and automatically decline to pay for those expenses due to a lack of training and education.
- There is a need to clearly communicate on a national level that DV victims of strangulation/suffocation should not be required to pay for emergency medical expenses
- There is also a need to clearly communicate that strangulation is serious and will be taken seriously by all professionals, including medical professionals
- Strangulation is now recognized as the Last Warning Shot (#LastWarningShot) due the increased likelihood of the abuser later killing his victim. If a woman is strangled just one time, she is greater than 7 times more likely to be killed later by her abuser. Conducting DV Clinical Forensic Exams provides pathway for additional medical services and advocacy as well as access to experienced and sensitive professionals.

- There is also a strong link between DV crimes and other assaultive and even homicidal behavior toward innocent bystanders and police officers. Police officers are most likely to be killed by men with a history of domestic violence including strangulation assault.

What is happening in *most* jurisdictions?

- Very little
- First responders focus on visible injury only
- Photos at the scene are taken but rarely are follow-up photos taken
- Paramedics are rarely called by officers. If they are called, victims fear the expenses and refuse transport or even assessment.
- It is rare for Crime Scene Investigation Units to be called to a serious DV or strangulation case, even though they are felony offenses
- In most DV cases in America, no medical or forensic exams are being conducted. However, there is a growing movement toward awareness of the life and death need for such examinations.
- See the list of states/jurisdictions beginning to conduct DV Clinical/Forensic exams below

What does a DV Clinical Forensic Examination entail?

- Comprehensive, full-body examination.
- These exams are best done by Forensic nurse examiners
- They take less time than a sexual assault examination
- They cost less money than a sexual assault examination - \$250 to \$800
- Toolkits have been created to facilitate such examinations by:
 - International Association of Forensic Nursing
 - Maryland Coalition Against Domestic Violence
 - Academy of Forensic Nursing
 - Other hospital systems and programs have also created such Toolkits.

How do DV Clinical Forensic Examinations work?

- Referrals are made to an existing SART (hospital or clinic-based) or Forensic Medical Unit (FMU) (hospital, clinic, community-agency, or Family Justice Center-based)
- Example: How the San Diego Family Justice Center FMU works:
 - SDPD domestic violence detectives refer cases involving domestic violence victims who are pregnant, were strangled, have obvious injuries, report abdominal or head trauma and those likely to have subsequent injuries to the FMU.
 - Forensic nurse examiners conduct the examinations and refer for further testing, imaging, or medical treatment as needed
 - The types of visible injuries treated range from contusions and abrasions to lacerations, sprains, and broken bones. The injuries identified include internal bleeding, carotid dissections, brain injuries, and other injuries to muscles, tissue, and organs. Injuries

requiring immediate medical attention are referred to local hospital emergency departments.

- Once those victims are released from the ER setting, hospital staff refer the patients back to the San Diego Family Justice Center for further documentation of their injuries, limited medical follow-up services, and any additional legal or social services required.
- Many other Forensic Medical Units, with trained forensic nurse examiners operate out of hospital emergency departments where the examination is done on-site with referral to off-site domestic violence/sexual assault agencies after examination, diagnosis, and treatment.

What states have protocols for Clinical/Forensic examinations in certain jurisdictions?

- Arizona (Maricopa County) – Model Protocol
- California
- Maryland
- Virginia
- Massachusetts
- Kentucky
- Montana
- Ohio
- Florida
- Oklahoma
- Louisiana
- New Jersey
- New York
- Texas
- Indiana
- North Carolina

What are the outcomes/benefits of DV Clinical Forensic Examinations?

- Immediate medical services for victims with significant external and/or internal injuries
- Early detection of life-threatening injuries and health consequences
- Increased prosecution of offenders
- Reduced homicides
- Better medical advocacy and support provided to survivors
- DV victims in some jurisdictions now receive the same access to screening, assessment and documentation afforded to SA victims

What is the downside to providing DV Clinical Forensic Examinations?

- Without a clear mandate that DV victims should not be required to pay for their exams, some jurisdictions will likely minimize the need and decline covering medical expenses for victims.

- Cost to the victim for:
 - Paramedic response/transport
 - Actual examination without direct billing to Victim Compensation Programs
 - Radiographic imaging if needed
- Who is going to pay for the expenses not included in a new VAWA-supported DV Clinical Forensic Examination?
 - Insurance will be the payor of first resort as they are now.
 - Crime Victim Compensation Funding – State and federal will remain the payor of last resort

Supporting Documentation

- News articles:
 - Maricopa
 - San Diego
 - Maryland
 - Kentucky
- Resolutions:
 - IAFN Resolution
 - IACP Resolution
 - Draft ACEP resolution
- Articles:
 - Paramedic Story
 - DV Report
 - Published Articles
- Protocols/Toolkits
 - IAFN toolkit
 - Protocols

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