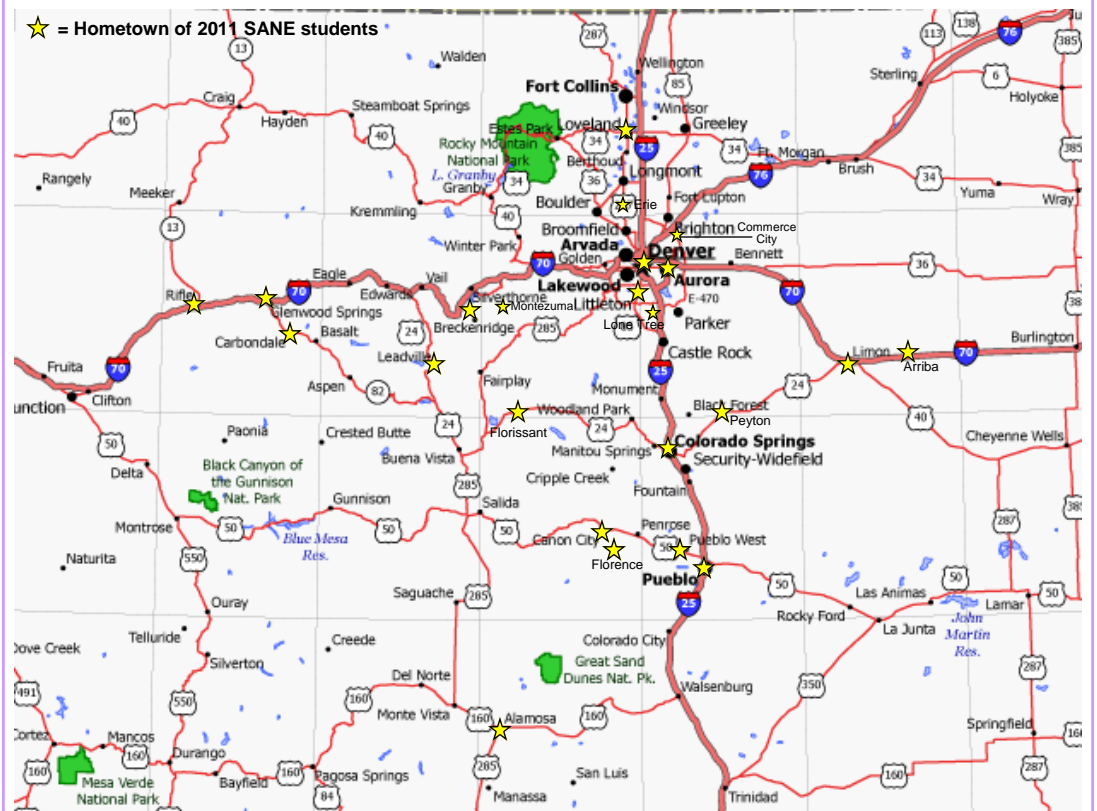


# COLORADO SANE

QUARTERLY NEWSLETTER OF THE COLORADO SANE PROJECT

## PREPARING THE STATE TO RESPOND TO SEXUAL ASSAULT



The Colorado Sexual Assault Nurse Examiner (SANE) project wasted no time in 2011 striving to improve Colorado's forensic nursing response to sexual assault. Since January, 33 RNs and 1 physician have completed the adult/adolescent and pediatric SANE trainings while members of law enforcement and advocacy groups have attended components of the trainings. Although these trainings were located Colorado Springs, Limon, and Cañon City, registered nurses travelled from all over Colorado to attain the preparation to care for this vulnerable population. As Colorado's [13 SANE programs](#) performed over 2030 exams in 2010, it is clear that there is a need for the unique expertise and services provided by SANEs in both urban and rural settings. Throughout the rest of the year, the Colorado SANE Project will continue to prepare nurses to meet Colorado's forensic health care needs by offering the [SANE Education course](#) in August and September. An [Advanced Forensic Nurse Examiner](#) course will also be offered in November for current SANEs seeking additional education and expertise in the multiple applications of forensic nursing.

### ISSUE 2

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### JULY 2011

#### Special points of interest:

- \* 33 RNs and 1 physician have completed the SANE education and training since January
- \* 2 new SANE programs were recently started in CO, bringing the total number of programs to 13
- \* Approximately 800,000 people are trafficked across national borders annually
- \* On average, DNA analysis of the sexual assault evidence collection kits takes 3-5 days.

## 2 NEW SANE PROGRAMS

### Providing Specialized Forensic Health Care in Rural Colorado



**Lincoln Community Hospital SANE Team**

Colorado's two newest Sexual Assault Nurse Examiner (SANE) programs are located in Hugo, CO and Cañon City, CO. With the addition of these two programs, nearly half of [Colorado's 13 SANE programs](#) are now located in rural areas. Both hospitals realized that they were in strategic locations to provide forensic nursing services (specifically, sexual assault patient exams) to several surrounding rural communities which would otherwise have to drive hours to the nearest SANE program. Between the two programs, the rural counties of Fremont, Chaffee, Custer, Lincoln, Cheyenne, and Kit Carson now have access to care from qualified SANEs. These programs will also provide services for the urban counties of Elbert, Douglas, and Park.

The [Lincoln Community Hospital](#) (LCH), located in Hugo, CO, began collaborating with

their local community to develop a SANE program in 2008. They realized the need to increase the community's ability to access needed medical services after a sexual assault, especially because the nearest program was close to 100 miles away. Although the hospital is located in a small town of around 800 people, it also serves five nearby counties: Lincoln, Cheyenne, Kit Carson, Douglas, and Elbert. Additionally, the SANE program will offer its services to the Limon Correctional Facility and possibly two other correctional facilities located in Burlington, CO and Sterling, CO. The five nurses that make up the LCH SANE program completed their education in January and February of 2011 and are now on the verge of completing their clinical training. When asked about the strengths of the LCH SANE team Casey Thompson, the LCH SANE Program Coordinator, replied, "One of the best things about our SANE team is the dedication to getting this program up and going. We have great communication and strong support from local law enforcement, the Sexual Assault Response Team (SART), and the 18th Judicial District." Support from these organizations played a large role in establishing the new SANE program at LCH. The local Department of Corrections also lent its support for the program as it saw the potential benefit its facilities could gain from such expertise. Challenges for the program include completing clinical hours amidst current patient volumes in the rural area, and increasing the number of nurses on their SANE team to provide more flexibility in their on-call schedule. These challenges have not held the team back as they have almost completed their clinical hours by traveling to Colorado Springs and Denver and will begin recruiting new nurses within the next few months. In anticipation for the LCH SANE program to be fully up and running by October 2011, nurses have been busy completing their clinical hours and learning how to use their new colposcope. In addition, a room in the hospital was recently renovated to meet the unique needs of the SANE program.

Nurses from the [St. Thomas More Hospital](#) (STM) recently finished their adult/adolescent and pediatric SANE training in June 2011 as a step toward establishing Fremont County's first SANE program. The numerous letters of support (included in their SANE program application) from the local education system, law enforcement, the criminal justice system, and advocacy groups demonstrate that the hospital was not the only organization committed to a SANE program. The six nurses that make up the STM SANE team bring with them over 107 years of nursing experience (half from the Obstetrics Department and half from the Emergency Department). Besides serving the counties of Fremont, Custer, Chaffee, and Park, the STM SANE program will also make its services available to the many correctional facilities in the area. As Fremont County is the home of nine state and four federal prisons and penitentiaries, the STM SANE program will be available to provide care to **(continued on page 3)**

the Colorado prison population. Shelly Brooks, the STM SANE Program Coordinator, related that over the next few years the SANE program would like to, “expand our services to care for people impacted by interpersonal violence and child maltreatment, as well as to add nurses to our team.” They will also focus on reaching out to neighboring counties to inform them of the unique care that is available at STM. In order to best serve their community, the program has been fostering relationships with the Department of Corrections, Department of Human Services, law enforcement, the 11th Judicial District, victim services, and [Family Crisis Services](#). The team also has full support from within the hospital, including the Director of the Emergency Department, April Asbury, and two physician advisors, Dr. Mollie Miller and Dr. Linda Sturtevant. While the STM SANE team is waiting for their colposcope to arrive at the end of July, they are working diligently to complete their clinical hours with the goal of having their SANE program up and running by the end of the summer.



**St. Thomas More Hospital SANE Team**

The [Colorado SANE Project](#) is pleased to welcome these two new SANE programs to the Colorado SANE family. Some may think that SANE programs located in small rural areas are unnecessary or underutilized, but this is just not the case as these programs often end up serving multiple counties and specific underserved populations. The addition of these programs will improve Colorado’s response to sexual assault by increasing the availability of caring, efficient, expert exams to sexual assault patients in both urban and rural areas.

## FORENSIC GURU CORNER



**S**heri Murphy has worked for the past 15 years as a Laboratory Agent in the Biological Sciences Unit of the [Colorado Bureau of Investigation \(CBI\) Forensic Services Division](#). The majority of her days are spent analyzing evidence that may contain biological materials from both victims and suspects. Sheri analyzes evidence from a wide variety of criminal cases, to include sexual assaults. That job duty led Sheri to begin working directly with forensic nurses by training medical personnel in the best practices of evidence collection. Sheri has also participated in the development and maintenance of the Colorado Sexual Assault Evidence Collection Kit. Sheri was kind enough to sit down with the [Colorado SANE Project](#) to answer a few questions about evidence collection in the state

of Colorado.

**CO SANE Project:** What are the most common mistakes seen by the CBI lab when analyzing the sexual assault evidence collection kits?

**Sheri Murphy:** Tough question because most kits are done very well. The first thing I think of is collecting samples using the “right” number of swabs. The kits ask for 4 swabs for collection from the orifices and 2 swabs for everything else. If too many swabs are used, we may not be able to find/detect the sample that was collected. If too few are used, we may not be able to analyze the sample without getting permission from attorneys involved in the case.

**CSP:** How can these mistakes be avoided?

**SM:** Use a kit designed for use in the

state of Colorado and by the forensic labs in Colorado. These kits will take into consideration the laws, policies, and procedures that Colorado labs must adhere to. Then follow the printed protocol as closely as possible. If it’s necessary to deviate from that protocol, make sure you can explain the deviations.

**CSP:** What strategies can health care practitioners employ to improve the outcomes of evidence collection?

**SM:** Ask questions. For example, contact your local CBI lab and speak to one of the Biological Science analysts. Invite them to talk to your group during one of your scheduled meetings. They will let you know if there have been any issues with the evidence collection. They will answer your questions about how to collect. **(continued on page 4)**

**CSP:** Are there any common misconceptions about sexual assault evidence collection held by medical providers, law enforcement, advocacy, etc.?

**SM:** Over the last several years, laboratory tests have gotten much more sensitive and samples that didn't used to work now do. For example, we used to not be able to detect small amounts of male DNA in the presence of large amounts of female DNA. As technologies advance, we try to communicate our capabilities and update the protocols for the evidence collection kits. Currently, we are evaluating the 72-hour timeframe for evidence collection and what samples may give profiles after activities like showering.

**CSP:** On average, how long does it take to analyze a sexual assault evidence collection kit?

**SM:** A kit by itself will take just a few hours to work in Serology. That is the step of the biological science unit that identifies the body fluids, etc. and collects the samples that will then have DNA analysis performed on them. The DNA analysis on those items will take 3-5 days. This includes the actual analysis and procedures, the data/results analysis and all reviews. All those steps must be done before a report is issued. This estimated time frame does not take into consideration backlogs and the other analysts who

are also working cases on the same equipment, etc.

**CSP:** Are all sexual assault evidence collection kits sent to the CBI lab for analysis?

**SM:** Denver PD and Colorado Springs PD have their own laboratories with DNA capabilities so crimes occurring within those city limits typically do not come to CBI. Also, cases where the victim is not participating in the investigation quite often are not submitted. This issue is currently a hot topic of debate across the US.

**CSP:** Do you have any good stories to illustrate the importance of proper evidence collection techniques?

**SM:** Sexual Assault Nurse Examiner's (SANE's) collections have led to modifications to the protocols. The addition of instructions to collect swabs around the mouth in cases of oral assaults came from 2 cases submitted close in time where a SANE collected the samples as foreign stains. The oral swabs were negative for semen, but the external (around the mouth) swabs developed the suspect's profile. Additionally, pubic hair combs were yielding suspect profiles, so we began asking for swabs of the pubic area when the person has shaved.

**CSP:** How often does CBI complete an audit of the sexual assault evidence collection kits they receive and what does this entail?

**SM:** We ask for all analyzed kits to be audited. Those audits are gathered on a quarterly basis and reviewed before being turned over to the [Colorado SANE Project](#). Audits include: when the kit was collected; for what agency; at what facility; classification of medical personnel performing the collection; and our comments regarding the collection. I ask all kits be evaluated – good and “bad”. **\*CSP Note:** Once audits are received by the Colorado SANE Project, they are forwarded on to all SANE Program Coordinators throughout Colorado for education and review.

**CSP:** How long have you been educating SANEs about proper evidence collection?

**SM:** Close to 15 years. Soon after I began at CBI, I joined with Val and many others updating the evidence collection kit. When that was done, I started training on the lab analysis of the kit to anyone who asked.

**CSP:** Anything else you'd like to tell the sexual assault response community about evidence collection in such cases?

**SM:** I always want to make sure people who are doing their best to collect the best evidence know how much their efforts are appreciated!!! We all want to make sure each case comes to the right outcome. Quality evidence collection is an important first step.

## RESEARCH UPDATES

- Based on a number of studies, **The International Federation of Gynecology & Obstetrics (FIGO)** and the **International Consortium of Emergency Contraception** have issued a statement on the mechanism of action and recommended use of Levonorgestrel-only emergency contraceptives. To view the statement in its entirety, please visit: [http://www.cecinfo.org/UserFiles/File/MOA\\_FINAL\\_2011\\_ENG.pdf](http://www.cecinfo.org/UserFiles/File/MOA_FINAL_2011_ENG.pdf)
- An article analyzing the, “implications of the Violence Against Women Act (VAWA) pertaining to medical forensic exams,” can be found online in the *Journal of Forensic Nursing*. The full article, “Reply to Article ‘Receiving a forensic medical exam without participating in the criminal justice process: What will it mean?’,” can be found in the June 2011 issue of the *Journal of Forensic Nursing*, (7: 78-88).

# Online PEER REVIEW Pilot

The [National Protocol for Sexual Assault Medical Forensic Examinations](#) encourages health care providers to participate in peer review to, “to ensure that the quality of discipline-specific response and coordinated response is optimal.” As a means to increase competency and further clinical expertise among SANEs in Colorado, the [Colorado SANE Project](#) has piloted an online Statewide SANE Peer Review process. [Safe Passage Child Advocacy Center](#) located in Colorado Springs has generously offered up its VisualShare technology to be used as the review tool. The technology allows SANEs from all corners of Colorado to log into a secure database of case images while discussing the images via teleconference. Peer review provides opportunities for SANEs to review multiple images and discuss options for diagnosis, treatment, and improved forensic services. Presented cases often contain atypical components that fuel discussion about “normal” and “abnormal” findings (which can surprise even veteran SANEs). In order to ensure an organized and confidential peer review process, a Statewide SANE Peer Review Policy has been developed and approved by Colorado SANEs. Participants have also developed a peer review documentation tool to structure the peer review process. Colorado SANEs have participated in 2 peer reviews since February of this year and both meetings have been great learning experiences.



During the June 2011 peer review, SANEs in Colorado Springs use the VisualShare technology to review cases with SANEs in Alamosa, Frisco, Denver, Littleton, and Colorado Springs.

## APRIL SANE WALK

The SANE program at [St. Anthony's Summit Medical Center](#) in Frisco, Colorado organized a SANE walk that took place on April 3rd. The walk raised community awareness for the local SANE program while also raising funds for new equipment and training. Observance of [Sexual Assault Awareness Month](#) (SAAM) was also highlighted. A total of 52 people walked 1.5 miles from Frisco's main street to the hospital. Even a spring snow storm did not stop the crowd from completing the walk. Proceeds from the walk exceeded the \$3000 goal by over one thousand dollars to reach \$4,015. In-kind donations were also received from Soupz On, Qdoba, and Starbucks. To view a video of the walk made one of their local police officers visit: <http://www.youtube.com/watch?v=HFdGMKLhzp>



Hospital CEO Paul Chodkowski braves the cold with SANE Program Coordinator Jenn McConnell

## Human Trafficking: A Reality in Colorado



By Elisabeth Almond, Clinical Manager of the Memorial Health System Forensic Nurse Examiner Program

The Forensic Nurse Examiner Team at [Memorial Hospital](#) in Colorado Springs recently signed an agreement with the [Human Trafficking Task Force of Southern Colorado \(HTTFSC\)](#) to provide services to victims of human trafficking. The team's expectation is that these patients will be referred to our program through the Human Trafficking Hotline, the FBI, or by individual referral. By joining up with HTTFSC we are one of many community/regional agencies that will provide a network of services to this population.

Human trafficking is modern day slavery. It is the illegal and non-consensual trade of human beings with the purpose of forced labor, sexual exploitation, and/or slavery. It occurs when a person incurs involuntary debt, is recruited, transported, harbored or obtained for labor or services without their full consent or understanding. Sex trafficking, also a form of human trafficking, is when a person involved in a commercial sex act is not of legal age (18 years) and/or is made to perform a sex act by either force, fraud or coercion.

As clinicians, we care for victims of human trafficking on a regular basis, but are often unable to identify them. Most clinicians think that human trafficking involves only women and men of color, from foreign countries, non-English speaking, smuggled across borders on the floors of vans and in trunks of cars. While this does occur, we now understand that human trafficking spans all age groups, gender, ethnicities, and states. In fact, according to the US Department of State [Trafficking in Persons Report 2007](#), approximately 800,000 people are trafficked across national borders annually (this does not include the millions trafficked within their own countries). Eighty percent of these victims are women, 50% are minors. Homeless youth, substance addicted persons, and teenage runaways are especially vulnerable to trafficking as they often meet traffickers at shelters, local youth hang-outs, through ads for modeling jobs, ads for work or study abroad, or are sold to traffickers by parents or intimate partners.

In Colorado, cities and healthcare systems located near the I-25 corridor and rural areas depending heavily on 'day-laborers' are the most likely to see victims of human trafficking. Human trafficking comes in many forms: prostitution, exotic dancing, servile marriages, agriculture, landscape, domestic, factory, construction, carnival, hotel work, begging/street peddling, and day labor.

To determine if a person is a victim of human trafficking, the [Colorado Network to End Human Trafficking](#) (CoNEHT) encourages these questions:

- \*\* What type of work does this person do?
- \*\* How many hours has this person worked today?
- \*\* Is this person being paid? Is this person in control of their earned money?
- \*\* Is this person able to leave free of coercion, manipulation, or threats of violence?
- \*\* Is this person in control of her/his own identification, documents, or resources (food, housing, clothing, shelter)?
- \*\* Is this person hesitant to answer questions without the prompt or approval of another?
- \*\* Is this person under 18 and working in the sex industry?

If you do identify a victim of human trafficking, it is a federal crime. You will still call your local law enforcement agency as a first responder and it is then their responsibility to pass on the appropriate information to the FBI. For more information on trafficking, resources available in your community, or to report a suspected trafficked person, call the CoNEHT Hotline at 1-866-455-5075 (toll-free, 24 hours/day, 7 days/week).

### References:

[U.S. Department of State: Trafficking in Persons Report 2007.](#)

Dovydaitis, Tiffany. *Human Trafficking: The Role of the Health Care Provider: The Scope of the Problem.* J Midwifery Womens Health. 2010;55(5):462-467  
COVA: Colorado Organization for Victim's Assistance. [www.coloradocrimevictims.org/human\\_trafficking.html](http://www.coloradocrimevictims.org/human_trafficking.html)

# EDUCATIONAL OPPORTUNITIES

## Fall 2011 SANE Education Course

Adult/Adolescent: August 15-18, 2011

Pediatric: September 14-16, 2011

<http://www.uccs.edu/~bethel/SANE.htm>

**Online registration is now open**, instructions can be found at: <http://www.uccs.edu/~bethel/SANE/SANE%20Prereqs%20Form%20F11.pdf>

## Advanced Forensic Nurse Examiner Education Course

November 2-4, 2011

<http://www.uccs.edu/~bethel/SANE.htm>

## ONLINE CERTIFICATE IN FORENSIC NURSING

## ONLINE CERTIFICATE IN CORRECTIONAL HEALTH EDUCATION

## Colorado Association of Sex Crime Investigators Annual Conference

Snowmass, CO, September 14-16, 2011

<http://casci.net/water/default.asp?T=503726&DID=1230>

## Lethality Assessments: Saving Lives through Education

CSU-Pueblo, October 6, 2011, 8am-5pm

[http://www.ncdsv.org/images/Teresa'sPlace\\_LethalityAssessmentSavingLivesThruEducation\\_10-6-2011.pdf](http://www.ncdsv.org/images/Teresa'sPlace_LethalityAssessmentSavingLivesThruEducation_10-6-2011.pdf)

## 2nd Annual Colorado IAFN Education Day honoring the National Forensic Nurses Week

November 11th

<http://community.iafn.org/IAFN/Colorado/EventsEducation/Default.aspx>

## COLORADO SANE PROJECT

Offices for the Colorado SANE

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The University of Colorado

Colorado Springs

Beth-El College of Nursing &

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1420 Austin Bluffs Parkway

Colorado Springs, CO 80918

[www.uccs.edu/bethel/SANE.htm](http://www.uccs.edu/bethel/SANE.htm)

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# ANNOUNCEMENTS

- The **Colorado Chapter** of the International Association of Forensic Nurses (IAFN) **launched its new website**. The website can be viewed at: <http://community.iafn.org/IAFN/Colorado/Home/Default.aspx>
- **Denver Health Medical Center** has **forensic nursing opportunities available** for positions on their Sexual Assault Nurse Examiner team.  
The following qualifications are required:
  - Do NOT need to be a current employee of Denver Health to apply
  - SANE education and training must be complete
  - 1 year of experience as a SANE
 Contact Bernadine Mellinger at 1-303-602-3007 for more information.
- **The Colorado SANE Advisory Board** is pleased to announce three new members:
  - Sergeant Russell D. Lengel: Sgt. Lengel has been a member of the Limon, CO Police Department for almost 20 years.
  - Detective Mark Slavsky: Det. Slavsky has been a member of the Wheat Ridge Police Department for over 30 years.
  - Terri Livermore: Sexual Assault Response Project Coordinator for the Colorado Division of Criminal Justice.