

On Looking and Writing

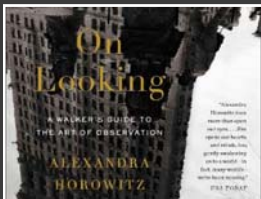
A guide to using expert eyes and ears to document what we see and hear.



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"Part of what restricts us seeing things is that we have an expectation about what we will see, and we are actually perceptually restricted by that expectation. In a sense, expectation is the lost cousin of attention: both serve to reduce what we need to process of the world "out there".

— Alexandra Horowitz, *On Looking: Eleven Walks with Expert Eyes*.

Learning Objectives

This webinar will allow participants to:

1. Identify elements of the documentation process used to describe a survivor's physical state and behaviors with accuracy and clarity.
2. Select appropriate words to describe outward appearance, visible behavior, speech and eye contact.
3. Choose language that is understandable, without bias or judgement, whether in a court of law or health care setting.

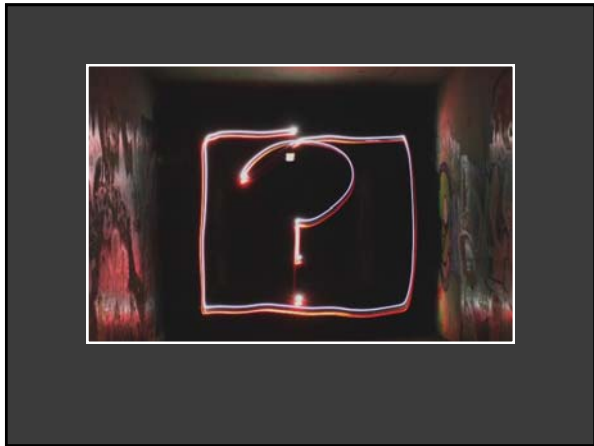


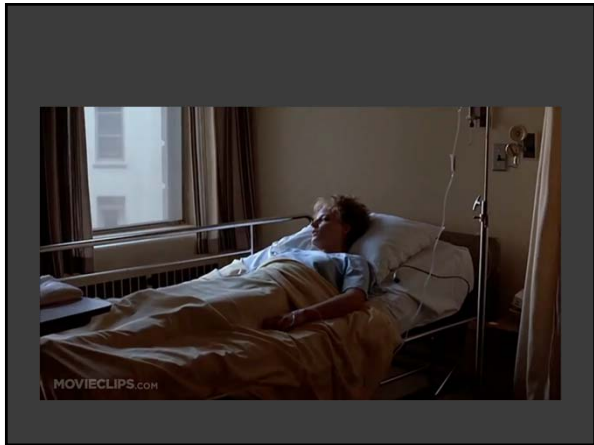
Of all the people who look at the medical record, the most important person is you – in the future. If you can immediately "see" the person or the event you are describing. Rather than measurable observations.

Eddie Brous, Nurse Attorney

DOCUMENTATION AND THE SEXUAL ASSAULT SURVIVOR An Overview







WHAT NEEDS TO BE DOCUMENTED?

The **history** as presented by the patient: Medical & assault

Head to toe **assessment**: For identification of physical findings

Detailed **genital exam**: For identification of physical findings

The **collection of forensic evidence**: Trace evidence, DNA, clothing

It is vital that the examination documentation is:

- Thorough,
- Precise,
- Accurate.

Documentation used in forensic settings must include


- Diagrammatic rendering,
- Description of patient (including assessment),
- Patient's demeanor and statements
- Forensic imaging of any visible finding (traumatic or evidence).

DOCUMENTATION OF THE HISTORY

Medical (general, gynecologic)
Forensic (assault)
Neither are investigative- only relevant to the patient not the environment.

The purpose of the history is to formulate a nursing/medical diagnosis and a plan of care

Preserve credibility! Objectivity is key!



AUDIO & VIDEO RECORDING PATIENT HISTORY

A new tool for assessing the sexual assault survivor?



- When you document anything other than medical information (for diagnosis and treatment of the patients), you risk not having your medical history meet the medical exception to the hear-say rule.
 - Therefore, you **will not be able to testify** to all of your documentation in court!
- You are **not** doing an interview--The police conduct the interview.
- Health care professionals take a medical forensic history.

It is forensic because a crime was committed



ACCEPTABLE DOCUMENTATION RELATED TO THE HISTORY

- Location--This is not street address but her home, his home, in the car . . .
 - In the bathroom, on the floor, on the couch . . .
 - You are looking for possible injury identification
- Number of assailants and/or Names of assailants
 - To find out possible transmission of disease
- Size of assailants and characteristics of assailants
 - For injury identification
 - And the use of force without a weapon
- Weapons
 - The patient possibly sustained an injury she is not aware of
- Smells and textures
 - Possible use of drugs or chemicals to facilitate the assault or cause injury to the patient
- Broken glass
- Alcohol



Best Practice Guidelines

- Record what patients say in their own words using "quotes".
- Clarify words used by the patient (It, thing, you know where, etc.)
- Document
- Continue to use the words or language the patients uses, if this is most appropriate for her/him.
- The sexual assault exam is **not** a good time to educate the patient about the proper terminology of the body parts.



Remember:

- The sexual assault history, assessment and evidence collection documentation are parts of a legal record.
- It can be submitted as evidence— if the sexual assault case goes to court or is used as part of any legal proceeding concerning the case: Indictment or Plea Bargaining



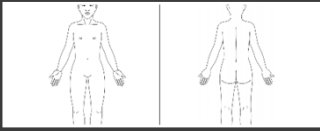
The record Should speak for Itself
 Therefore, document:
 Legibly...Legibly...Legibly
 Accurately
 Completely



DOCUMENTATION OF PHYSICAL FINDINGS

Diagrams
 Body Maps
 Photography: Video, Digital, Colposcope

Three forensic principles
 Location
 Measure
 Description of the injury



Body Maps and Photo Documentation

Anatomically correct figures

Included in the documentation form

Label injury by number #1, #2,....

Photo documentation (by camera) will be labeled

"Injury #1 Left elbow" (corresponds with the body map)

A (first photo)

B (second photo), etc.....

Colposcope may be computerized and has a labeling system



Description of the Injury

T E A R S

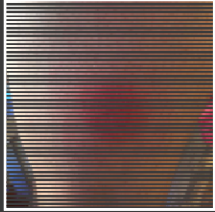
Tears (cuts and lacerations)

Ecchymosis (bruises)

Abrasions

Redness

Swelling



Ecchymosis or Bruising

- It is **not** recommended that you try to date the bruise by color.
- People may vary greatly in rates of healing due to:
Medications, Age,
Genetics, Health status
Skin tone variations

Document:

- Location
- Size (measure)
- Color
- Shape
- Edges
- Surface (texture)



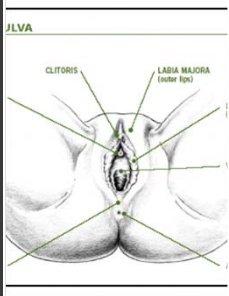

PHOTOGRAPHY

- Follow your organization's protocol
- Provides a permanent, objective record of the injury

Photographs are never meant to take the place of accurate documentation

A sexual assault case may go to trial and the medical record may be submitted as evidence but the photographs may not become part of that evidence.
[i.e. The Judge may have ruled against the submission of the photos as Evidence]

DIAGRAMS





Pattern of Injury

- The injury may possess imprints, features, or configurations of recognizable surfaces/ objects

- Hand print (slap)
- Finger prints (firm grip)
- Rope burns (restraints)
- Burns (cigarette)
- Belt (a whack across the back)

- Document patterned injury:
"1 centimeter circular area with a red-brown, crusty center, on the anterior surface of the left hand, 1.5 centimeter below and between the second and third knuckle."

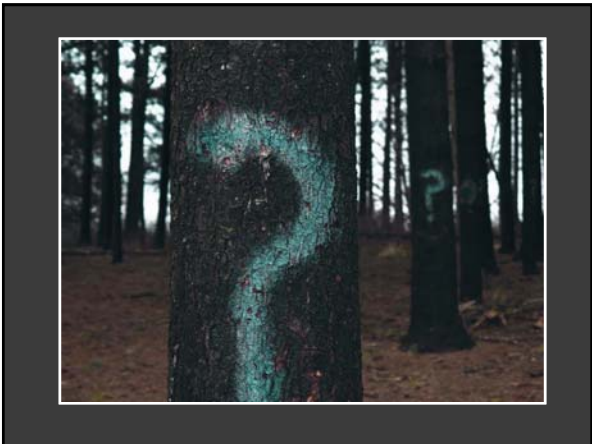
- This documentation of an injury found on the physical assessment might be consistent with the history of a cigarette burn that was reported by the patient while taking the medical forensic history.

KEY ELEMENTS:

1. Every person in the room during any part of the exam
2. Any methods of obtaining consent other than from the patient
3. The name of the photographer and the equipment used
 - Camera or colposcope
 - The use of the colposcope
 - Areas and findings
 - The use of the Wood's Lamp
 - Area and findings
4. Any deviation from the evidence collection protocol
5. Any unusual circumstances
6. Physician Consultation
7. Chain of Custody
8. Cross out blank areas
9. Use Proper Correction of Errors

10. Avoid **Judgmental** Terminology
11. On-going crisis intervention
 - Mental health assessment
 - Any referrals/follow-up counseling
 - Although RCA is present, the bio-psycho-social well-being of the patient is the primary responsibility of the SANE.
12. Pain Assessment
 - Pain is the 5th vital sign
 - Use the Pain Scale 0 - 10
 - Re-assess pain
 - Use the Pain Scale 0 - 10
13. Emotional Pain and distress
 - The 6th vital sign





BEHAVIORS, MANNERISMS, SPEECH AND EYE-CONTACT



Use words that accurately describe:
Outward appearance,
Visible behavior,
Speech and
Eye contact.

A photograph of Scrabble tiles arranged to spell out the words "CHOOSE" and "WORDS". The tiles are wooden and have black letters on them.

QUANTIFY AND QUALIFY BEHAVIORS


Time ~ Intensity ~ Manner

Three small images: a blue watch on a wrist, a person shouting into a microphone, and a person covering their face with their hand.



EYE CONTACT OR VISUAL CONTACT



Do not use "good or poor" as these words can mean different things to different people.



SPEECH

Always place the survivor's statements in "quotation marks"; do not paraphrase.

Do not say the survivor "alleged" or "admitted" or "denied," use the verbs "said" or "stated."



NON-VERBAL ORAL EXPRESSION

RESPONSIVENESS TO CLINICIAN



Do not use the word "cooperative"

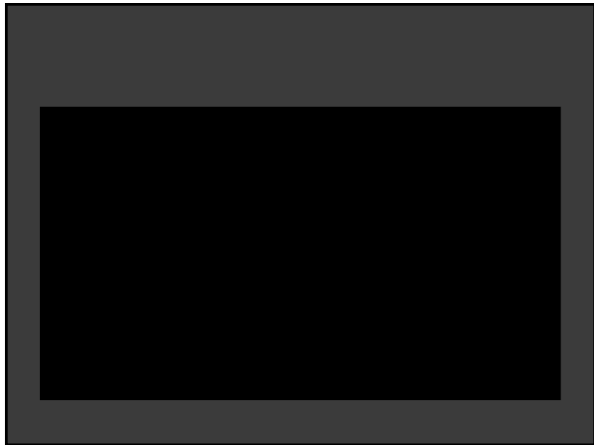
Followed directions (how)

Unresponsive

Was unable to answer questions

Answered questions when asked

Paused before ...



Question 1	Question 2	Question 3	Question 4
Which emotion is this man expressing?	Which emotion is this man expressing?	Which emotion is this man expressing?	Which emotion is this man expressing?
<input type="checkbox"/> Anger	<input type="checkbox"/> Anger	<input type="checkbox"/> Anger	<input type="checkbox"/> Anger
<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness
<input type="checkbox"/> Disgust	<input type="checkbox"/> Disgust	<input type="checkbox"/> Disgust	<input type="checkbox"/> Disgust
<input type="checkbox"/> Happiness	<input type="checkbox"/> Happiness	<input type="checkbox"/> Happiness	<input type="checkbox"/> Happiness

Ekman, P. (1970). Universal Facial Expressions of Emotions. *California Mental Health Research Digest*, 8(4), 151-158.



FACIAL EXPRESSIONS

BODY POSTURE AND/OR MUSCULAR TENSION . . .



- Slouch
- Slump
- Shake
- Arms crossed in front of body
- Stoop
- Winging hands
- Restless
- Clenched Fists



BEHAVIORS AND ACTIONS

These can be intentional behaviors and actions

DESCRIBING ANXIETY . . .



DO **NOT** USE: "DEPRESSED, SAD, OR IN SHOCK."

DESCRIBE BEHAVIORS THAT LEAD YOU TO THAT CONCLUSION . . .

Serious Solemn Somber Listless Sluggish Quiet

DO **NOT** USE: "COOL, COMPOSED OR CONTROLLED"

DO **NOT** USE: "FLAT AFFECT"
Instead: describe the behaviors you see.

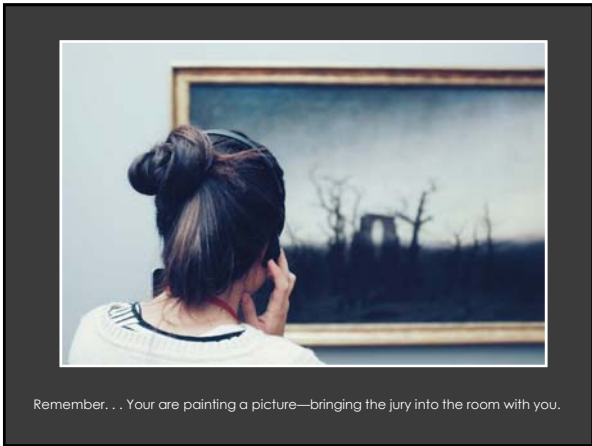
DO **NOT** USE: "INDIFFERENT" OR "DISINTERESTED"

DO **NOT** USE: "AFRAID, FEARFUL, SCARED"
instead use: Startled Stunned Cower Cringe Flinch

"ANGRY OR RAGEFUL"
instead use: agitated irritated

And support with behaviors that you have observed!







Questions?

THANK YOU!!

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