

# Collaborating for Equitable Language Access for Survivors of Sexual Assault: (4) Interpreter Services During the Medical Forensic Exam



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August 31, 2021

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- Upon attending the course in its entirety and completing the course evaluation, IAFN members will receive a certificate that documents 2 hours of nursing continuing education.

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### Collaborating for Equitable Language Access for Survivors of Sexual Assault Webinar Series

- Collaborating for Equitable Language Access for Survivors of Sexual Violence: (1) Interpreter Services for Forensic Clients
- Collaborating for Equitable Language Access for Survivors of Sexual Violence: (2) A Healing-Centered Approach to Interpreter Services for Forensic Clients
- Collaborating for Equitable Language Access for Survivors of Sexual Violence: (3) Interpreter Services During the Forensic Interview



<https://www.safetsa.org/page/ArchivedWebinars-SAFEta>



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### LEARNING OUTCOME

At the completion of this webinar, participants will have an increased knowledge of the role of a SANE, the process of the medical forensic exam, and considerations and guidelines for creating policies and procedures for working with interpreters during the medical forensic exam.



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### Poll Question

Have you ever participated in a medical forensic exam that was conducted with the use of an interpreter?



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### Poll Questions

How were the interpreter services provided to the patient?



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### Terms/Acronyms

- MFE- Medical Forensic Exam
- FNE- Forensic Nurse Examiner
- SANE- Sexual Assault Nurse Examiner
- SAFE-Sexual Assault Forensic Examiner
- SAE-Sexual Assault Examiner
- SAMFE- Sexual Assault Medical Forensic Examiner
- CAC: Child Advocacy Center
- SART: Sexual Assault Response Team
- MDT: Multidisciplinary Team
- MOU- Memorandum of Understanding



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# Introduction to the Medical Forensic Examination (MFE)



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## What is the Medical Forensic Examination?

An examination conducted on a patient that has experienced personal violence such as sexual assault or sexual abuse by a health care clinician. Ideally this clinician should have specialized training on working with this patient population.



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## Purpose of the MFE

- Address the healthcare and justice system needs and promote the health and well being of the patient
  - Medical care and treatment
  - Evaluation and treatment for injury
  - Prevention of STIs, pregnancy, and other sequelae
  - Collection of forensic evidence
  - Mandated reports
- Address post MFE Care & Referrals
  - Safety concerns
  - Follow-up for medical and mental health concerns
  - Appropriate referrals and connections to victim service providers



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### Special Note on the MFE...

The medical forensic exam process is part of the healing process for the patient and should not be a traumatic experience for the patient.



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It is important to note that the Medical History obtained in a Medical Forensic Exam is not the same as the Forensic Interview and furthermore the Medical History and the Forensic Interview should be separate but complementary.

National SAFE Protocol Pediatric, 2016



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### What is a SANE?

Sexual Assault Nurse Examiner (SANE) is a registered nurse who completed additional education and training to provide comprehensive health care to survivors of sexual assault.



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### Settings for the MFE

- Always a clinical setting, but the location may vary
- Hospital- ED, other suite within the hospital
- Community setting
  - Community Based Sexual Assault Clinic
  - Medical Suite within a Rape Crisis Center
  - Medical Suite within a Family Justice Center
  - Medical Suite within a Child Advocacy Center
  - Dedicate suite within a Health Clinic




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### Patients Encountered in this Setting

- Patients of all ages across the life span will present in need of a medical forensic examination.
- Patients may have experienced multiple types of personal violence
  - Sexual assault/abuse
  - IPV/DV
  - Strangulation
  - Human Trafficking
  - Neglect




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### MFE Calls For a Multidisciplinary Response




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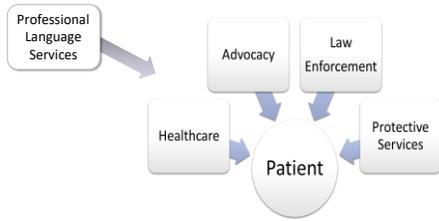
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### MFE Calls For a Multidisciplinary Response




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### Why Language Access?

- **Legal Mandate**
  - Title VI of the 1965 Civil Rights Act
  - Executive Order 13166
  - ADA
- **Ethical Mandate**
  - Ensuring access beyond convenience
  - Victim Centered Services




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### What is Meaningful Access?

Defined in the DOJ's own Language Access plan as:

"Language assistance that results in accurate, timely and effective communication at no cost to the LEP individual. For LEP individuals, meaningful access denotes access that is not significantly restricted, delayed or inferior, as compared to programs or activities provided to English proficient individuals"




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### Impact of Compliance

- Exercising legal rights
- Accessing victim services
- Communicating with healthcare and other members of the MDT
- Navigating the process
- Participating fully in relevant proceedings
- Completing paperwork related to victim services.




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### Organizational Accountability

- Healthcare facilities and systems are subject to comply with multiple regulations including, but not limited to:
  - [Section 1557 of the Affordable Care Act \(ACA\)](#)
  - Patient satisfaction surveys
  - Filing a complaint with the Office for Civil Rights: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

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### Poll Question

Got a Language Access Plan?




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## Language Access Plan

A Language Access Plan is a strategy to assess, identify, and manage a system to ensure that individuals with limited English proficiency are able to access services, benefit from programs and participate in activities.



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## Language Access Policy Example

A directive that sets forth the standards, goals, and expectations for an organization on the provision of accessible services to limited English proficient individuals.

*"It is the policy of this agency to provide timely meaningful access for LEP persons to all agency programs and activities. All personnel shall provide free language assistance services to LEP individuals whom they encounter or whenever an LEP person requests language assistance services. All personnel will inform members of the public that language assistance services are available free of charge to LEP persons and that the agency will provide these services to them."*

Language Access Assessment and Planning Tool for Federally Funded and Federally Assisted Programs, Federal Coordination and Compliance Section, Civil Rights Division, U.S. Department of Justice, 9/16, May 2011



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## 14 Elements of an Effective Language Access Plan for Communities with Limited English Proficiency (LEP)

1. Federal and Local Language Access statutes
2. Definitions
3. Identifying individuals with LEP in your service area
4. Protocol for Identifying Languages
5. Policy
6. Collaboration with communities with LEP and other stakeholders
7. Description of timeframes, objectives and benchmarks

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### 14 Elements of an Effective Language Access Plan for Communities with Limited English Proficiency (LEP)

8. Identification of persons who will implement the plan
9. Identification of funding and procurement strategies
10. Protocol for accessing interpreting and translation services
11. Staff training on policies and procedures
12. Outreach to notify survivors of language assistance services
13. Prohibition of using children and family members as interpreters/exigent circumstances
14. Monitoring and updating of policies, plan and procedures

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### Guide/ Checklist Handouts

The handouts include a 'Guide for Interpreter Services in Forensic Settings' and a 'Checklist for Interpreter Services in Forensic Settings'. The guide is divided into 'Interpreting' and 'Services' sections, with sub-sections for 'Needs for the Client' and 'Needs for the System'. The checklist follows a similar structure, providing a series of items to be checked for each category. Both documents are branded with the International Association of Forensic Nurses logo and the acronym 'apfn'.

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### Ensuring the Patients Medical Needs Are Met

- Exams should occur in a prompt and timely manner
- Provide support, crisis intervention and connect the patient with advocacy services,
- Urgent medical needs of the patient are first priority
- Some medical treatment is time sensitive
- Adaptations may need to be made based on the needs, abilities, presentation, and consent of the patient




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### What Does the Exam Consist of?

- Obtaining Consent for the examination and photographs
- Written authorization to release Protected Health Information "PHI" to non-health care providers
- A health history, comprehensive physical assessment
- History & description of events related to IPV/DV/SV
- Collection of evidence
- Treatment options for sexually transmitted infections and pregnancy prevention
- Documentation of all of the above
- A plan for safety, follow-up care, and resources




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### What Does the Exam Consist of?

#### Medical history :

- Medications
- Allergies
- Immunizations
- Chronic Health Problems
- Surgical History
- Gynecological history
- Sexual history
- Social history
- Gender identity & sex identified at birth



© 2015 American Medical Association




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### Individualized Exam Adaptation

#### Adaptations of the exam:

- Transgender
- Religion
- Culture
- Disabilities
- Strangulation during assault




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## Head to Toe Physical Assessment

Comprehensive assessments of the entire body:

- All skin surfaces, including the scalp
- All body orifices
- Assessment of all systems
- Photographic and written documentation of all identified injuries
- Assessment for unseen evidence\*\*




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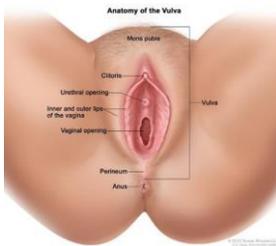
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## Genital Anatomy



The following structures are part of the external female genitalia and can be examined without placing a speculum:

- Mons pubis
- Clitoral hood
- Clitoris
- Labia minora
- Labia majora
- Hymen
- Urethral opening
- Fossa Navicularis
- Posterior Fourchette




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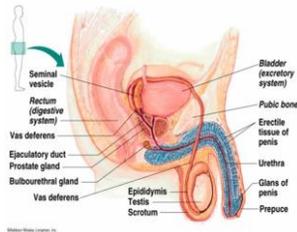
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## Genital Anatomy

The following structures are part of the male external genitalia that can be examined:

- Mons Pubis
- Penis:
  - Urethral Meatus
  - Corona
  - Glans Penis
  - Prepuce/Foreskin
  - Shaft
- Scrotum




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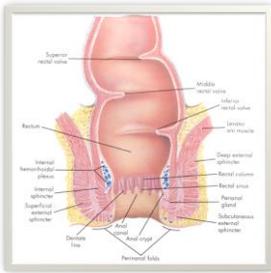
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### Genital Anatomy



The following structure is part of the anus and can be observed without placing an anoscope:

- o Perianal folds
- o Anal verge




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### Exam Adjuncts

- Speculums
- Toluidine Blue Dye
- Colposcopes
- Anoscopes
- UV Lights
- Foley catheter technique




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### Evidence Collection

Evidence identified by the clinician will be collected during the MFE with the consent of the patient




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### Maintaining Evidence Integrity

- Prevention of potential exposure of infectious materials
- Precautions to reduce possibilities of evidence contamination
- Order of collection of specimens for medical purposes




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### Drug/Alcohol Facilitated Sexual Assault

- Loss of consciousness or awareness during an assault with possible use of drugs or alcohol
- Blood
- Urine
- Informed consent from the patient required
- Documentation of any voluntarily used alcohol or drug




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### Strangulation Evaluation

An evaluation for the occurrence of strangulation is a component of the MFE as it is often used in SV, IPV, and DV. This includes asking the patient specific questions to identify that strangulation occurred and plan for additional assessment and treatment for the patient.




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## Post Assault Medical Care & Referrals

- STI prevention
- HIV prevention
- Pregnancy prevention
- Suicide screening
- Advocacy
- Counseling
- Safety planning




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## Findings From the Medical Forensic Exam



- Presence of Injury
- Presence of foreign materials
- Lack of physical injury

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## Planning for Interpreter Services

Interpreter	Provider
<p><b>Planning for the session</b></p> <ol style="list-style-type: none"> <li>1. Obtain consent of subject, and for logistical details for assignment:               <ul style="list-style-type: none"> <li>a. Time                   <ul style="list-style-type: none"> <li>• Time when the session will take place</li> <li>• Approximate length of the session</li> </ul> </li> <li>b. Date</li> <li>c. Address</li> <li>d. Name and phone number of contact person and provider</li> </ul> </li> <li>2. Type and topic of the session               <ul style="list-style-type: none"> <li>a. Examination or interview                   <ul style="list-style-type: none"> <li>• For all requests from a forensic setting: Conduct a risk assessment for bias, triggers, and past trauma</li> </ul> </li> <li>b. Mode of interpreting being requested                   <ul style="list-style-type: none"> <li>• Explain level of fluency of speech</li> <li>• Review relevant technical terminology (bring specific)</li> </ul> </li> <li>c. Names of parties involved in reporting</li> <li>d. Identify if there are any safety concerns to be aware of</li> </ul> </li> <li>3. Review health care bills.</li> </ol>	<p><b>Planning for the session</b></p> <ol style="list-style-type: none"> <li>1. Upon assignment of a client/patient with IIR, Service Providers need to:               <ul style="list-style-type: none"> <li>a. Determine whether linguistic assistance is needed or desired. In doing so, it is recommended to use plain language wording such as:                   <ul style="list-style-type: none"> <li>• In what language do you prefer to speak (or conversational skills)</li> <li>• In what language and format would you like to receive written information?</li> </ul> </li> <li>b. You may want to use back work as <a href="#">(2019) (2019)</a> to help you identify the language needed</li> <li>c. When working with trauma, individuals might prefer using English, their non-dominant language, or a mix of both to form an etc.</li> <li>d. If a client/patient does not want an interpreter because they feel comfortable communicating in English, explain that the mental health clinician also needs the interpreter to communicate as effectively.                   <ul style="list-style-type: none"> <li>• Confirm that you will be using an interpreter to communicate.</li> </ul> </li> </ul> </li> <li>2. Become familiar with the facility's protocols to request interpreters.</li> <li>3. Considerations when seeking an interpreter:</li> </ol>




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## Professional vs Ad-Hoc Interpreters

### Professional

- Received training
- Demonstrates competency in required knowledge, skills, and abilities to perform task
- Abides by a Code of Ethics and Standards of Practice
- Continues professional development
- Remains within their scope of practice

### Ad Hoc

- Has not received training
- Does not demonstrate competency in required knowledge, skills, and abilities to perform task
- Does not abide by a Code of Ethics and Standards of Practice
- Does not participate in ongoing professional development
- Willingly steps outside their scope of practice




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## Who Should Not Interpret?

- Cultural Anthropologist
- Social Worker
- Advisor
- Counselor/Therapist/any Mental Health professional
- Lawyer or Paralegal
- Advocate or staff who knows ASL or the language of the individual with LEP




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## Pre-Session

Pre-session	Pre-session
<ol style="list-style-type: none"> <li>1. Introduce yourself to the provider, and share or confirm:               <ol style="list-style-type: none"> <li>a. Your working languages</li> <li>b. Your education, training and experience</li> <li>c. Client/patient's personal preference on interpreter gender/age</li> </ol> </li> <li>2. Establish the following information with the Service Provider:               <ol style="list-style-type: none"> <li>a. Gender pronouns of preference of the client/patient with Limited English Proficiency</li> <li>b. Physical positioning of the interpreter in the room during the session, taking into consideration the trauma experienced by the client/patient and the type of session.</li> <li>c. Communication management guidelines:                   <ol style="list-style-type: none"> <li>i. Speak directly to and maintain eye contact with client/patient</li> <li>ii. Use first person when addressing the client/patient with LEP</li> <li>iii. Speak clearly and slowly, pausing after every two or three sentences</li> <li>iv. Use plain language - minimize the use of jargon and acronyms</li> <li>v. Ask one question at a time</li> <li>vi. Allow the interpreter to finish interpreting before speaking again</li> <li>vii. Relevant terminology specific to the session setting</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Introduce yourself to the interpreter and confirm interpreter information matches request:               <ul style="list-style-type: none"> <li>• Language match</li> <li>• Client/patient's interpreter gender/age preference</li> <li>• Interpreter's education, training, experience</li> <li>• For telephonic interpreting, ask the interpreter for health identification number</li> </ul> </li> <li>2. Ask interpreter for:               <ul style="list-style-type: none"> <li>• Any potential conflicts of interest or impartialities                   <ol style="list-style-type: none"> <li>i. Level of discomfort with the topic, whether the interpreter knows the client/patient with LEP or members of their family, or belongs to the same community</li> <li>ii. Confirm interpreter will abide by ethical guiding principles, otherwise request a different interpreter</li> </ol> </li> </ul> </li> <li>3. Inform the interpreter on absence of the topic and nature of the session including:               <ul style="list-style-type: none"> <li>• Gender pronouns of preference of the client/patient with Limited English Proficiency</li> <li>• Physical positioning of the interpreter in the room during the session, taking into consideration the trauma experienced by the patient and the type of session</li> <li>• When the interpreter will be interpreting for</li> <li>• Relevant terminology the interpreter needs to be familiar with, specific to the session setting                   <ol style="list-style-type: none"> <li>i. Provide the interpreter with a copy of any relevant handouts or materials to read in</li> </ol> </li> </ul> </li> </ol>




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## The Rise of Technology

Familiarity with Technology and applicable technical terms.




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## Post Exam

International Board of Standards and Practices for Certified Forensic Nurses	aplebv ADVANCED PRACTICE LEARNING BOARD
<p><b>After the Session:</b></p> <ol style="list-style-type: none"> <li>1. Debrief                     <ul style="list-style-type: none"> <li>a. Debrief with the provider at the end, including discussion of any concerns or questions that may have come up during the session.</li> </ul> </li> <li>2. Self-Care                     <ul style="list-style-type: none"> <li>a. Immediate Self-Care                             <ul style="list-style-type: none"> <li>1. Specific actions to take right after the session.</li> </ul> </li> <li>b. Long-Term Wellness                             <ul style="list-style-type: none"> <li>1. Practice activities that reinforce overall general stamina and endurance to contend with the work. (Sleep, daily, weekly, and monthly habits that help support emotional, physical, relational, and spiritual health in times of stress (SAMHSA).</li> </ul> </li> </ul> </li> </ol>	<p><b>After the Session:</b></p> <ol style="list-style-type: none"> <li>1. Debrief                     <ul style="list-style-type: none"> <li>a. Debrief with the interpreter at the end, including discussion of any concerns or questions that may have come up during the session.</li> <li>b. If the process with a specific client/SET with LEP will require several sessions, consider practicing working with the same interpreter(s).</li> <li>c. Always review the importance of their ethical principles and of the importance of maintaining professional boundaries.</li> </ul> </li> <li>2. Self-Care                     <ul style="list-style-type: none"> <li>a. Support and encourage self-care and vicarious trauma prevention for interpreters.</li> </ul> </li> </ol>

Created July 2021 Guide for Interpreter Services in Forensic Settings (2021)




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## Chat Question

What interpreter options does the facility that provides medical forensic exams for your community offer patients with LEP?




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### Best Practices for Remote Interpreting

- Acknowledge and respect the role of the interpreter as a professional who facilitates communication.
- Schedule sufficient time when using consecutive interpretation
- Become familiar with the logistics of connecting with the interpreter
- Do not forget to conduct a pre-session when you call the interpreter
- Encourage the patient with LEP to make requests for clarification as needed




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### Best Practices for Remote Interpreting

- Pace your speech appropriately and speak clearly using short utterances
- Ask one question at a time using direct speech (first person).
- Use dual headset telephone (allows privacy/best respects HIPAA).
- For video interpreting position video device in the most appropriate place that best allows privacy and respects HIPAA.




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### Additional Administrative Considerations

- Budgeting
- Interpretation Options
- Interdisciplinary Training
- Team of Interpreters
- Collaboration with the SART/MDT




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### MOU/Contract Agreement Overview

- Professional qualifications
- Law enforcement or sex offender background checks
- Quality control
- Compensation
- Time allotment
- Conflict of interest disclosure
- Confidentiality Agreement
- Cancellation
- Billing for the interpreter




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### Questions.....




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### Resources

- **U.S. Department of Justice**  
Civil Rights Division, Federal Coordination & Compliance Section (FCS) [www.justice.gov/crt/cor](http://www.justice.gov/crt/cor)
- **LEP.GOV**, [www.lep.gov](http://www.lep.gov)
- **API-GBV, Interpretation Technical Assistance Resource Center:**  
Cannon Han, [chan@api-gbv.org](mailto:chan@api-gbv.org)  
Ana Paula Noguez Mercado, [anoguez@api-gbv.org](mailto:anoguez@api-gbv.org)  
Kayla Chan, [kchan@api-gbv.org](mailto:kchan@api-gbv.org)
- **Deafhope:** [www.deaf-hope.org/videos/](http://www.deaf-hope.org/videos/)  
Amber Hodson, [amber@deaf-hope.org](mailto:amber@deaf-hope.org)

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## References

- **Casa de Esperanza/ National Latin@ Network LEP Toolkit:**  
<https://nationallatinonetwork.org/lep-toolkit-tools/language-access-plan-template>
- **NIWAP Translations for Immigrant Legal Rights**  
[www.niwaplibrary.wcl.american.edu/cultural-competency/multilingual-materials-for-victims/are-you-safe-at-home](http://www.niwaplibrary.wcl.american.edu/cultural-competency/multilingual-materials-for-victims/are-you-safe-at-home)
- **Vera Institute of Justice Center on Victimization:**  
[www.vera.org/securing-equal-justice/ensuring-access-for-people-with-disabilities-and-deaf-people](http://www.vera.org/securing-equal-justice/ensuring-access-for-people-with-disabilities-and-deaf-people)

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## API-GBV ITARC Resources



- Interpreter Skills Building Training for Bilingual Individuals
- Language Access Planning and Compliance
- Interpreting for DV/SA Victims
- Interpreting for LGBTQ Victims and Survivors
- Cultural Responsiveness
- Technical Assistance on
  - Systems Advocacy
  - Language Access Planning and Protocols
  - Identifying qualified and certified interpreters

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## Additional API-GBV Resources



- Resource Guide For Advocates & Attorneys On Interpretation Services For Domestic Violence Victims, 2016: <https://www.api-gbv.org/resources/interpretation-resource-guide/>
- Survivors With Limited English Proficiency: Barriers To Access: <https://www.api-gbv.org/resources/survivors-with-limited-english-proficiency/>
- Serving Individuals Who Are Deaf, Hard Of Hearing Or Deaf-blind And Do Not Use American Sign Language, 2015: <https://www.api-gbv.org/resources/deaf-blind-hard-of-hearing/>
- Guiding Principles for Interpreters in cases involving Domestic Violence, Sexual Assault, Sexual Abuse and Human Trafficking: <https://apinstitute.box.com/s/ogf1rvfy6v6lz5f9fh2z7plx31ngzh>

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### www.SAFETA.org Resources

Access to telephone or personalized e-mail technical assistance from the International Association of Forensic Nurses.

Email: [contact@safeta.org](mailto:contact@safeta.org)  
Professional Resource Line: 1-877-819-7278




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Research. Educate. Lead.



Thank you for joining us today!!

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