

**Support SB 2202
North Dakota Senate Appropriations Committee**

February 1, 2023

Chair Bekkedahl and members of the Senate Appropriations Committee, my name is Tisha Scheuer, I am the Executive Director of Central Dakota Forensic Nurse Examiners (CDFNE).

I am testifying today in support of SB 2202.

Multidisciplinary response teams are considered best practice, based on evidence-based research, in responding to victims of violence. Forensic medical examinations are a key part of any multidisciplinary response to victims. Studies have shown that forensic exams performed by SANEs; results in better health outcomes and in turn leads to higher prosecution rates. However, in North Dakota our well-established multidisciplinary teams with whom provide the forensic medical exams and provide higher health outcomes, have only been available to the sexual assault victim. Over the years we have become experts in providing this specialized service to our sexual assault victims and so we believe it is time to expand our services to all victims of violence, in particular domestic violence, and child victims of physical abuse.

The victims of domestic violence and physical abuse in North Dakota have not been given the opportunity to receive this high level of expertise simply due to lack of funding. I have been deeply involved in state SANE services for the sexual assault victim for the past 20 years and during that time the funding for forensic medical services has been focused primarily on the sexual assault victim. While that is crucial and I am not asking that anything be taken away from that, we cannot continue to ignore the other victim population that is even bigger in numbers.

The goal for this one-time allotted grant funding is to carry out a pilot project. This pilot project will utilize the already established expertise and experience the trained SANE nurse has. We already know how to maintain a patient-centered, trauma-informed, and evidence based forensic services because we do this every day for victims of sexual violence but not for the domestic violence victim or the child victims of physical abuse. While this pilot study will not take the place of emergency services provided through the emergency rooms, what we can provide to the domestic violence and physical abuse victim is really what we are already providing for victims of sexual violence and that is: expert forensic photography of all injuries (meaning photographing at a 90 degree angle with good lighting, making sure a measuring tool is in all pictures and using the rule of 3- 5 depending on the circumstances for each and every picture), identification of non-fatal strangulation injuries (such as sore throat, swelling to throat/neck, loss of consciousness, or even something as subtle as feeling dizziness and lightheaded which can be identifiers of non-fatal strangulation and which need to be automatic referrals to the emergency department for a more in depth evaluation), collection of other evidence such as saliva from bite marks, and abrasion, or even collecting evidence for touch DNA analysis from the body of the domestic violence victim), participating in a detailed interview process where the victim many times feels more comfortable revealing their circumstances to the medical provider than to law enforcement at the time, various referral resources as needed, and expert testimony in court, just to name a few.

Therefore, today I am asking you to give a DO PASS recommendation to SB 2202.

Thank you,

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