

1 to find DNA from persons who might have been at the
2 scene. Body swabs, for instance, are probative,
3 but how probative is evidence recovered from other
4 areas like the floor or the wall?

5 Lastly, even when a victim's story says there
6 was no crime, the evidence may be able to counter
7 this. A trained saine nurse may be able to
8 recognize tears or signs of a struggle, resistance
9 or force even if the victim refuses to admit. All
10 members of the investigation and caregiver team
11 must consider the totality of the evidence to piece
12 together what actually happened, identify who is
13 responsible, hold them accountable and provide
14 follow-up care for all victims.

15 Thank you.

16 THE CHAIRMAN: Thank you.

17 MS. HOLLAND: Good afternoon, everybody.
18 Thank you for the honor of speaking here. And I
19 want to take a moment and kind of step back. We're
20 talking about rape, but I wanted to take a moment
21 and step back. Sexual assault nurse examiner is
22 one of the certifications that I have, and I wanted

1 to talk about sex just a minute. And I kind of
2 would like to have everybody just think about the
3 last sexual encounter that you had recently, and
4 think about all the details of that sexual
5 encounter, where it was at, how you felt, what
6 happened, think about all the intimate details.
7 Now wait a minute and I am going to go down to
8 McDonalds and I'm going to take seven strangers and
9 bring them up here and let you tell each one
10 individually about that sexual encounter. I don't
11 know about you, but I don't necessarily talk about
12 those things and I know as an expert in such sexual
13 assault that the majority of our victims never,
14 ever come forward. And that's just a little piece
15 of why they never come forward.

16 So, as a result that, I have a written
17 testimony that I have submitted. And I know we're
18 kind of short on time today, so I hope you use that
19 submission and I have an amendment as some other
20 things I would like to talk about today.

21 THE CHAIRMAN: Written statements will be
22 submitted into the record and considered.

1 MS. HOLLAND: Great. One of the things
2 that I do when we train law enforcement is exactly
3 what I did and talk about their last sexual
4 encounter for sensitivity training.

5 Because we know that statistically, and as an
6 expert in sexual assault, that there are very few
7 false allegations, but, unfortunately, when you
8 train law enforcement officers, about half of them
9 will tell you that they have had substantiated
10 false allegations. What they consider
11 substantiated false allegations and what actually I
12 would consider false allegations are two different
13 things.

14 We know that victims recant for lots of
15 different reasons and don't come forward. So, you
16 know, I'm not here to tell them how to do their
17 investigation, but I do know that there are very
18 few in my experience of the cases that I have
19 examined very few false allegations. Another thing
20 I would like to talk about is I've heard people
21 talk about a rape kit and, as a forensic nurse, I
22 do not do a rape kit. I do a medical forensic

1 examination and there's a big difference in those
2 two.

3 For about ten years as an emergency room
4 nurse, I was considered the rape nurse because I
5 lived close and would do those kits with a
6 different physician each time, neither one of us
7 having a whole lot of advanced education or
8 training on what we were doing. And all those ten
9 years, I went to court one time and that was
10 because a medical malpractice case where the guy
11 had actually broken the girl's neck and she was
12 suing the hospital, had really nothing to do with
13 the sexual assault. Last week I had three guilty
14 pleas on cases that I had done. That is the
15 difference between doing a rape kit and doing a
16 medical forensic examination.

17 As a nurse, I get like \$1.30 an hour more to
18 have this specialty area. And I think that's why
19 they gave me some tissues, somebody is crying for
20 me, but I'm going to read just a couple of things
21 and then I want to answer any questions, but I had
22 an amendment that I thought I ought to submit.

1 All too often victims of rape suffer not only
2 psychological trauma, but also long-term health
3 consequences as a result of the victimization from
4 being assaulted. Victims can be viewed as less
5 critical in many emergency room and wait long hours
6 in busy public areas not allowed to eat, drink or
7 even urinate. The emergency room staff may not be
8 trained in medical evidence collection procedures
9 and do not perform these procedures frequently
10 enough to maintain their proficiency. Health care
11 personnel are reluctant to testify in court due to
12 lack of training and experience with sexual assault
13 victims. In response to these issues, sexual
14 assault nurse examiners' sane programs met a
15 desperate need to provide comprehensive
16 compassionate care to sexual assault victims.

17 In many parts of the country, federal, state
18 and local laws require qualified examinations to be
19 done if the victim is killed. The same quality of
20 care is not offered the victim that survives.

21 Sexual assault nurse examiners have evolved
22 and do specialize in many areas of nursing that

1 pertain to the law or legal system. One of these
2 areas is the examination of evidence collection
3 from victims, also perpetrators, as well as
4 domestic violence, child abuse, elder abuse and
5 sometimes death investigations.

6 Forensic nursing is the cutting edge of
7 nursing in the 21st century. Forensic nurses care
8 now for both about the medical and legal side of
9 the investigation. It's the only area of nursing
10 that I know where physicians ask for your advice
11 and do your consultation as an expert.

12 And, the last paragraph in my testimony I
13 would like to also submit again that when sexual
14 assault does occur, victims deserve competent and
15 compassionate care for individuals who experience
16 this horrendous crime. Having a positive
17 experience with the criminal justice and health
18 care systems can contribute greatly to their
19 overall healing. Coordinated efforts are the best
20 way to stop violence and hold the offenders
21 accountable for their crimes.

22 There is a national protocol for the treatment

1 due to medical forensic examinations for sexual
2 assault patients. And in that it recommends SARTS,
3 sexual assault response teams. Many of them are
4 starting across the country where you would have a
5 prosecutor, a law enforcement person, detective,
6 hopefully, health care provider, an advocate
7 agencies, therapists, that meet together on a
8 regular basis. We do have this in Ingham County,
9 and I know other counties throughout the state and
10 also throughout the country. That would be one of
11 my recommendations to incorporate also into the
12 prison system.

13 As a health care provider, I have treated a
14 couple handfuls of victims that have come from the
15 prison systems or from jails. And, you know, I
16 don't consider myself a prison expert. I did work
17 in the prison system in my early nursing career in
18 a lock down unit in a hospital. So it's part of
19 why -- before I prepared this testimony today, I
20 did talk with a detective from Michigan State
21 Police that all that that detective does is do
22 crimes in prisons. Apparently, there's more than

1 just what she does. There's Five officers in her
2 area, in her jurisdiction of the Michigan State
3 Police that do these investigations.

4 I also talked with a young male that had
5 gotten out of the prison system recently so that I
6 could have an understanding of what is going on and
7 what the problem is. And it's funny because both
8 the ex-prisoner and the police officer both said
9 the same thing as far as the problem. And so I
10 guess it's probably fairly true from one extreme to
11 the other in that they talked about -- that young
12 white males, as we all know, are targeted in the
13 system and that perpetrators, of course, would
14 target anyone, but that's who's targeted in our
15 prison, in our prison system, and that these white
16 males, these victims, are then pressed and
17 pressured to perform sex acts.

18 Like you have had previous testimony that they
19 would rather choose to have one partner rather than
20 be prostituted out in the prison system. The
21 detective that I talked with used the same word as
22 far as "pressed," which means kind of pressured. I

1 had never heard that term before. So that's new to
2 me.

3 The detective talked about the two years that
4 she's solely been investigating these kind of
5 prison crimes, that not one had come up for
6 prosecution. So I guess I look at that as when I
7 was an emergency room nurse, not that I wasn't
8 qualified, but I did not have the specialized
9 training that I have today and, no, that those
10 cases did not go forward with prosecution, and
11 those offenders, those perpetrators, are most
12 likely still out there as a result of that and
13 today, just compared to last week when there were
14 three guilty pleas as a result of my education and
15 training and working collaboratively with a team
16 to, hopefully, make a difference in someone's life.
17 Thank you.

18 THE CHAIRMAN: Before we move on to the
19 next two witnesses, could you tell us exactly what
20 you do.

21 MS. HOLLAND: I perform medical forensic
22 examinations.