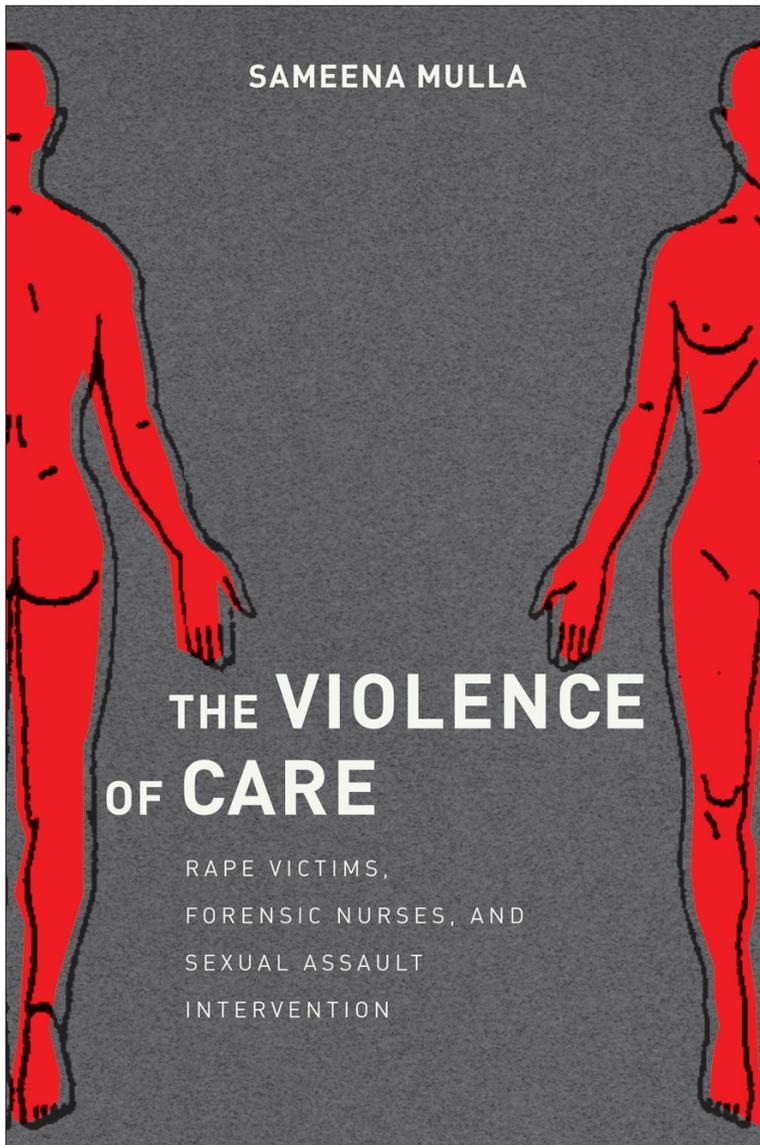


The Violence of Care

Rape Victims, Forensic Nurses and
Sexual Assault Intervention

INSTRUCTOR'S GUIDE



Every year in the U.S., thousands of women and hundreds of men participate in sexual assault forensic examinations. Drawing on four years of participatory research in a Baltimore emergency room, Sameena Mulla reveals the realities of sexual assault response in the forensic age. Taking an approach developed at the intersection of medical and legal anthropology, she analyzes the ways in which nurses work to collect and preserve evidence while addressing the needs of sexual assault victims as patients.

Mulla argues that blending the work of care and forensic investigation into a single intervention shapes how victims of violence understand their own suffering, recovery, and access to justice—in short, what it means to be a “victim”. As nurses race the clock to preserve biological evidence, institutional practices, technologies, and even state requirements for documentation undermine the way in which they are able to offer psychological and physical care. Yet most of the evidence they collect never reaches the courtroom and does little to increase the number of guilty verdicts. Mulla illustrates the violence of care with painstaking detail, illuminating why victims continue to experience what many call “secondary rape” during forensic intervention, even as forensic nursing is increasingly professionalized. Revictimization can occur even at the hands of conscientious nurses, simply because they are governed by institutional requirements that shape their practices.

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Sexual Violence in the City

pages 1-36

SUMMARY

In this introduction, the author lays out the different themes of the book. She positions herself as a researcher who, in the classic anthropological mode of participant-observation, is a rape crisis advocate while conducting field research. The introduction describes the institutional response to rape and the configuration of what is often called the “medico-legal intervention” in that different agencies come together in a coordinated response to sexual assault that includes police officers, rape crisis advocates, and sexual assault forensic nurses. The author introduces important literature on sexual assault in order to contextualize her study, which will analyze the forensic sexual assault intervention by attending to a range of different topics, including: DNA; time; emotions; reproduction and production; visual technology; documentation; home; and patient compliance. These categories, the author argues, allow the reader to explore the way in which the forensic sexual assault intervention reinvents experiences of healing and justice for sexual assault victims.

QUESTIONS FOR DISCUSSION

- What elements does the author describe as “typical” to the sexual assault intervention?
- What ethical issues arise from the author’s position as both rape crisis advocate and researcher?
- Why did the author choose to study the sexual assault intervention rather than the sexual assault trial? How are the two sites, the clinic and the court, related?
- How does gender configure the nursing and policing professions?
- What issues does the author raise about how we write about sexual violence?
- There is a healthy debate over the terminology used to refer to rape victims: are they “victims”, “survivors”, or something else? Why does the author elect to use the term “victim” and not “survivor” throughout the text?

SUMMARY

This chapter focuses on how DNA takes center stage in the forensic intervention, arguing that it, along with the victim, becomes the “patient” in the emergency intervention. The author shows how victims, nurses, and even perpetrators, imagine DNA as a legitimizing feature of victim narratives as well as material validation of the experience of sexual victimization. First, victims often attempt to preserve, transport, and surrender any forensic evidence prior to their contact with law enforcement, demonstrating a keen awareness of the significance of DNA findings. Tales of perpetrators forcing victims to participate in the destruction of potential DNA evidence are rampant within victim narratives. Thus, it is evident that the association of DNA with establishing juridical truth has circulated among both victims and perpetrators. Nurses reinforce the primacy of DNA evidence in the intense scrutiny and time allocated to the process of collecting DNA in the course of the forensic examination. The examination takes on pedagogical qualities as victims are expected to demonstrate bodily discipline in yielding to the examination practices so that perpetrator DNA can be successfully recovered. Focusing on victim participation in recovering DNA as a form of patient compliance challenges the notion that the ideal victim is utterly passive, as she is expected to be an active stakeholder in the forensic examination process. In the time allocated to the search for DNA, perpetrators are imagined to have expressive, lugubrious bodies, while the ideal victim is curatorial in her approach to facilitating the search for and preservation of DNA evidence. Like a museum curator who orchestrates the encounter between exhibit and public, the victim guides the police and nurse to the evidence on and in her body, evidence that she has often taken pains to preserve.

QUESTIONS FOR DISCUSSION

- What evidence does the author provide to demonstrate that DNA is important to victims, perpetrators, and forensic nurses? In your opinion, does the intervention prioritize DNA collection over patient well-being? Why or why not?
- The book characterizes the sexual assault intervention as pedagogical. How does the intervention discipline, train and teach the sexual assault victim? What kind of citizen-subject does she become by participating in the intervention?
- Scholars frequently typify sexual assault victims as passive. This chapter focuses, in part, on how sexual assault victims are expected to be curatorial during the examination. What does the author mean when she says that victims are curatorial, and is this a form of passivity or agency?

SUMMARY

This chapter focuses on three case studies in order to describe the ways in which time is worked by the forensic intervention, and how institutional temporality diverges from the ways in which victims narrate their experiences in time. While the search for DNA gives the sexual assault intervention its urgency, there are multiple modes of time operating within the space of the sexual assault intervention. The problem of documenting medico-legal evidence is frequently a problem of time; by the time a case goes to trial, the victim's wounds, psychological and physical, may have healed. During their examination, forensic nurses capture these wounds through technological intervention, fixing them in time. This manipulation of time in order to overcome the problem of time's forward march is carried out within a particular investigative context in which the victim's narrative is clearly demarcated as having a beginning and an end. This time line of victimization, determined by formal criteria derived from legal statutes, contains within it those elements that are relevant to proving whether a crime has been committed. These elements include indicators of motive, force, and lack of consent. Once the time line is determined, nurses work to produce evidence that populates the time line in dense increments. This process takes the form of a forensic interview, and in the course of this interview, victims struggle to describe the event of victimization through their own meaningful frameworks. Victims' narratives of suffering do not have the same start- and end-points as the forensic narrative. The struggle over the most meaningful way of telling about sexual assault is largely driven by the different anticipatory structures in which the participants are enmeshed. For the nurses, it is the court of law that is the ultimate point of arrival, and for the victims, it is a return to the everyday that forms the future horizon.

QUESTIONS FOR DISCUSSION

- What are the three modes of time that operate in the sexual assault forensic examination, and how are they differentiated?
- What is a structure of anticipation? How does thinking about the courtroom change the ways that forensic nurses interact with sexual assault victims?
- While we are frequently encouraged to think about violent events as a rupture from our "normal" lives, in the case studies discussed in this chapter victims sometimes find meaning in thinking about rape as something that is continuous with their normal lives. What are the relationships of Laura, Keisha and Tonya to questions about violence, time, rupture and continuity?

SUMMARY

This chapter turns to how the sexual assault forensic examination, with its focus on violence resulting in bodily and genital injury and the recovery of organic substances, is an intimate and challenging encounter; sexual assault intervention requires generous resources in managing emotional distress, and it is not simply the victim who is vulnerable in the course of intervention. Nurses must have strategies to conduct themselves appropriately, even when the case under investigation tests the limits of their comfort. Drawing on scholarship around emotional labor, disgust, and training, this chapter looks at the techniques through which forensic nursing staff acquire their affective expertise. It shows that emotional mastery is taught through demonstrations, rather than overt instruction. The chapter focuses on three areas of ethnographic research that highlight nurses' strategies and the moments in which their motivations become opaque to victims: (1) observations of nurses conducting forensic examinations; (2) interviews with nurses about their personal intervention style; and (3) observations of forensic nurse training programs. The cases in this chapter illustrate how, time and again, nurses respond to situations that they find personally alarming by mobilizing criteria of truthfulness. In essence, trainers teach them to put aside their emotional responses and adopt legal criteria. Rather than sort through their complex feelings, nurses become practiced at deferring their emotional responses by focusing on the credibility of the case they are building. This training has a strong impact on nurses' "bedside manner" and accounts for the cool, clinical affect that confuses and, at times, dismays sexual assault victims seeking a kind word or a more warm and supportive demeanor.

QUESTIONS FOR DISCUSSION

- What is emotional labor? What emotional skills do forensic nurses need in order to function professionally on a day to day basis?
- In the example of Amanda, why does Emma respond as she does? How, then, does Amanda react to Emma?
- Why does the police trainer play the 9-1-1 call for the forensic nurses in training? What is the lesson he hopes to impart?

SUMMARY

Chapter 4 begins with the case of emergency contraception, a therapeutic technique, to probe the relationship between sexual violence and reproductive violence. A forensic nurse examiner's orientation to victims' future possibilities and potentialities is heavily framed by legal criteria, while victims draw on very complicated relationships and histories of violence, and frequently structure their own narratives around issues of livelihood. While nurses are struggling with their own complex emotions, victims struggle with a range of issues and concerns of their own. Reproductive and productive concerns are frequently victims' primary worries. Many of the victims are economically vulnerable, and managing the threat of pregnancy and securing work were common concerns in reclaiming control over one's body and life. It was typical for victims to accept the emergency contraception offered by the nurses. In addition to concerns about reproductive health, victims continually articulated their worries about sexual assault related to their ability to make a living, and discussed the return to work and the securing of income as a sign of healing. While this was a major theme for the victim population that participated in the study, it was frequently ignored or subverted in the medico-legal intervention. Victims were literally interrupted and asked to provide other details unrelated to their concerns about livelihood in order to propel the forensic interview forward. If participating in prosecution interfered with the ability to work, the victims frequently chose to petition the state's attorney to withdraw charges. Without the resources to guarantee their economic security, victims had to weigh their own participation in the prosecution against their other interests.

QUESTIONS FOR DISCUSSION

- How are issues of livelihood, or making a living, related to reproduction? How do sexual assault victims demonstrate their concerns about livelihood?
- In addition to calling their own reproductive choices into question, the sexual assault intervention also is a point for victims to reflect on their own positions within their families. How do Keisha, Sierra, Astrid, Rachel and Dennis think about their own families when they consider how to negotiate the violence of sexual assault?
- This chapter introduces the topic of legal subjectivity, or how we learn to think of ourselves in relationship to the law. What past and current experiences with the law do Rachel and Dennis draw upon in order to inform how they occupy the role of victim?
- How are medical choices, like making decisions about contraception, re-framed from the nurse's or prosecutor's perspectives, as shaping the victim into a more or less ideal type of legal subject?

SUMMARY

Chapter 5 uses the case of photography as a legal technology to show how the medical and legal are materially linked through forensic photography. In particular, photography is used to deal with and erase the problem of duration. High-quality images are achieved by balancing victims' needs with the court's demands, and the visual artifacts that emerge are uniquely forensic rather than a simple amalgamation of medical and legal components. Effective forensic photography is heavily dependent on victims' active participation. The chapter shows that forensic photography, while anchored in both obstetric and criminological photographic traditions, is not a simple combination of both, but rather uniquely forensic. Forensic photographs take pains to break the photographic plane with the victim's gaze, defying an obstetric convention where we never see the patient's face, let alone engage her gaze. The intersection of gazes during the forensic examination itself functions such that the victim can communicate her pain to the forensic nurse. Other visual conventions overcome the healing of wounds over time by capturing forensic findings so that they are fixed in time and therefore accessible for viewing by the jury long after they have healed. Thus, while the photos are purportedly for documenting wounds, they actually serve to document affect. Examining the visual component of sexual assault intervention illustrates the ways in which technology impacts interactions between nurses and victims, and also defines forensics as something more than the knitting together of distinct legal and therapeutic components.

QUESTIONS FOR DISCUSSION

- What visual conventions of the gynecological exam are adopted for purposes of forensic examination and forensic photography?
- When and how does it become evident that the visual conventions of gynecological examination are an uneasy fit for the forensic examination?
- Prosecutors often discuss their preference to use drawings over photographs in sexual assault trials. What accounts for this preference? What makes the use of genital photographs a risky proposition?
- What is unique about the forensic photograph that includes a picture of a wound with the victim's face inset? Why is the forensic photograph composed this way, and what is its anticipated impact?

SUMMARY

This chapter analyzes the forms of documentation that serve as a repository of institutional memory and imagination of sexual assault. Documents transmute individual cases by subjecting them to a process of aggregation that retains and reproduces gendered stereotypes about rape that individual nurses and doctors are typically sensitized to and seek to avoid. This chapter explores the ways in which technologies of documentation sustain particular gendered imaginations of victim and perpetrator. While nurses may be well trained and oriented toward sexual assault as a form of violence that impacts men and women, the paperwork they use has built into it gendered assumptions that cast women in the role of victim and men in the role of perpetrator. The writing and reading practices associated with documenting examinations, and the audit practices for reviewing forensic documentation, also reveal the gendered assumptions with which the documents are encountered by practitioners. These documentary structures and reading practices reproduce stereotypical understandings of sexual assault rather than affording victims the opportunity to disclose and document their unique experiences of victimization. As a result, nurses' own sensitivity to the unique elements of each victim's experiences is erased while documentary requirements sustain and institutionalize stereotypical accounts of perpetrator and victim behavior and identity.

QUESTIONS FOR DISCUSSION

- Who are the imagined care takers of sexual assault victims, and why is this sometimes problematic?
- What assumptions about gender are built-in to the forensic and rape crisis center documentation and policy? When do those assumptions become visible?
- Why is the term "mother's lap" sometimes used in sexual assault examination? What does it mean and where does it come from? What assumptions about the identities of victims and perpetrators and their relationship to one another are evidenced in the term "mother's lap"?

There Is No Place Like Home: Home, Harm, and Healing

pages 176-194

CHAPTER 7

SUMMARY

This chapter argues that forensic medicine configures the home as both harmful and healing. The techniques of forensic intervention are not limited to reshaping the image of the victim and her wounded body in the forensic photograph or documentation, but rather extend even to reworking the victim's sense of her home and her family, and the process through which this transformation of home is achieved is at the center of the chapter. Sexual violence most often involves a victim and a perpetrator who know one another, often through the same kinship network. While statistics bear out this pattern, forensic protocols view home as both the place of risk and the place of healing. Even as a perpetrator from within the kinship network is frequently named as the party to be investigated within the forensic documentation, as the case progresses and nurses prepare to discharge the victim, the victim is frequently commended back into the care of the family members who are suspected of creating or contributing to the conditions of victimization in the first place. Forensic nurses achieve this effect through a micro-localization of the crime scene to the victim's body rather than to a set of geographic coordinates within the course of the forensic examination. By insisting that "the body is the scene of the crime," nurses can divorce home as the site of the attack from home as the site of return and healing. Tracking the complicated family negotiations that emerge among members of a victim's kinship network as the forensic intervention unfolds, this chapter demonstrates the family's awareness of itself as a potential source of comfort and healing, as well as betrayal and harming.

QUESTIONS FOR DISCUSSION

- What do U.S. crime statistics tell us about the most common places that crimes occur, and who the perpetrator of those crimes is likely to be?
- What assumptions are made about Keisha and Leda's cases, their homes, and the circumstances leading to sexual assault? Why are those assumptions made? What are the potential repercussions or harms that can result from operating under those assumptions?
- In what ways are the underlying operating assumptions of forensic nurses determined by the institution as opposed to individual choices? How is it that a nurse with the very best of intentions can find herself alienating her patient?

SUMMARY

This chapter draws attention to the operations of patient compliance as it migrates from nursing practice and medical intervention into forensic intervention. While it is tempting to condemn law for its co-optation of medical procedures, medicine is deeply implicated in shaping legal sensibilities within the sexual assault forensic examination. This chapter looks at how forensic nurses draw heavily on their nursing practice in their work with sexual assault victims. As most Baltimore nurses who become forensic examiners are largely from emergency medicine backgrounds, sensibilities formed within emergency medicine practices often inform their forensic practice. In particular, nurses mobilize ideas about patient compliance in their forensic practice. Understanding patient compliance as a recent invention of modern medicine, the chapter shows how patient compliance emerges to account for uncertainty in the forensic intervention. Generally referring to the expectation that patients will follow medical orders, patient compliance is often called into question when treatment regimens fail. Thus, nurses are skeptical of victims who show signs of drug use or reveal an HIV-positive status in the course of the medico-legal intervention, as these statuses are stigmatized as indicators of risky behavior. Victims' complaints about pain may be ignored or deflected in these contexts as nurses identify pain complaints as drug-seeking behavior. HIV-positive status puts patients outside of the purview of prophylactic therapies, and with medical and health status always legally discoverable, a patient with an existing history of a sexually transmitted infection could potentially be seen as less credible to the jury. In addition to illegal pharmaceuticals, victims with complicated diagnoses and unusual prescription medication scripts may further be suspected of non-compliance, thus compromising credibility. While forensic intervention purports to speak to the facts of the case, it has become a new way of telling old stories about victim credibility in the court of law.

QUESTIONS FOR DISCUSSION

- ➔ What is patient compliance? What role should it play in sexual assault forensic intervention?
- ➔ Why does Astrid's complaint (mentioned in this chapter, but detailed in Chapter 4) cast doubt on her status as a good patient? What ethical questions must be weighed when medical professionals elect to deny a patient pain relief, as they initially do in Astrid's case?
- ➔ Hera chooses not to reveal her drug-seeking behavior to the first police officer who interviews her, but discloses the details to both the rape crisis advocate and the police detective. Why does she initially keep this information to herself?
- ➔ How do some neighborhoods and geographies come to default as "high-

Patient and Victim Compliance: Drugs, AIDS, and Local Geographies of Care
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risk" for crime and drug abuse? How does the idea of the "risky neighborhood" impact the patients who come from these neighborhoods?

➤ Why does Dory's diagnosis of multiple personality disorder, and her prescription, raise an issue for Abigail? How does Abigail proceed with Dory when she learns of this?

CHAPTER 8

“We’re Not There for the Victim”: The Violence of Forensic Care
pages 217-230

SUMMARY

The conclusion argues that all of the techniques and forms of expertise that forensic nurses deploy serves as a foundation to a particular political and administrative order. Ultimately, victims are objectified by the forensic sexual assault examination, and must comply with the forensic nurses’ requests in order to be viewed as enthusiastic participants in the examination. Even so, nurses frequently say that they are “not there for the victim,” because they are institutionally beholden to forces beyond the victim. Because the nurse is obligated to the criminal justice system, and to the broader interests of society, the victim can experience the nurse’s demeanor as a withdrawal of care. This sense of beholdenness to those other than the victim, the chapter argues, stems from an over-determined structure of anticipation that prioritizes the courtroom, while the reality is that very few forensic nurses testify at trial. Forensic sexual assault intervention must be reimagined with these issues forefronted, so that the burden of suffering through the intervention is not unevenly borne by sexual assault victims.

QUESTIONS FOR DISCUSSION

- What do the nurses mean when they say, “we are not there for the victim”?
- The conclusion argues that forensic intervention is a practice that founds a particular political and administrative order. Another way of saying this is that forensic intervention makes participants into certain kinds of citizens. What types of citizens are produced by the sexual assault forensic intervention?
- Given that forensic evidence currently plays no predictive role in case outcomes, is the way forensic intervention practiced worthwhile? Why or why not?

Questions for Reflection:

- What did you learn about sexual assault forensic examination that you didn't know before?
- Sexual assault forensic nurses frequently know the difference between facts about rape and rape myths, but this is not always enough to keep them from reproducing rape myths. Why is this the case?
- Is secondary victimization of sexual assault victims an inevitable result of sexual assault intervention? Why or why not?
- If forensic evidence does not help secure convictions or acquittals in sexual assault prosecutions, why do U.S. authorities invest so many resources in forensic intervention?
- To study sexual assault intervention, the anthropologist became a rape crisis advocate. What are the advantages and disadvantages to taking on this role? What other sensitive field sites might require a similar participant-role for the researcher?
- Sexual assault is often a very difficult topic to discuss. Why is this the case?
- In the introduction, the author states she is trying to avoid producing a tone of horror so that she can invite readers to the conversation. Does she achieve this throughout the text?
- The Violence of Care focuses on many aspects of institutional life. What aspects of institutional culture characterize sexual assault forensic examination? How does this institutional culture reproduce itself, particularly given that there is so much turnover among nursing personnel?
- Sexual assault intervention raises many ethical dilemmas for participants in the process. Who are the stakeholders in the sexual assault intervention? What are the major ethical considerations that they must navigate? How does one ethically weigh the interests of everyone with a stake in the sexual assault intervention?
- How does the reality of the technologies of crime investigation and forensic examination described in The Violence of Care fall short of our imagination of the potential of these technologies?
- In many of the cases of sexual assault referenced in the book, there is a relationship of kinship or friendship between the victim and the perpetrator, and home or work is where the violence takes place. How do the routines of intervention address or fail to address these realities?
- What reforms to the forensic examination can yield a more just and healthy outcome for sexual assault victims?

Questions for Reflection:

- One can argue that the social interests of holding perpetrators of rape and sexual assault responsible for their crimes trump the interest of caring for an individual victim. Are these needs at odds with each other? Why or why not?
- Having considered the sexual assault forensic examination as it is described in *The Violence of Care*, would you recommend to a friend or loved one that they participate in a forensic examination? Why or why not?
- What do you feel is important for a victim of sexual assault to know about the forensic examination before they agree to participate in one?

Supplemental Assignments:

SUPPLEMENTAL ASSIGNMENTS

- Collect a set of news articles about sexual assault. Identify the common features of the way media covers sexual assault. What types of details are always included? What is the relationship between the perpetrator and the victim as described in the story? Do these descriptions reflect the statistical realities of sexual assault? Why or why not?
- What is the sexual assault response policy at your school or in your community? What resources exist to serve victims of sexual assault? Which hospitals offer sexual assault forensic examinations? Which resources can protect victim confidentiality, and which resources cannot?
- Reach out to your local forensic nurse examiner program and see if they will share the sexual assault medico-legal examination paperwork with you. Is the paperwork gender neutral? Does it reinforce stereotypes about sexual assault, or allow for an accurate description of each account of sexual assault specific to a particular case? How would you modify the paperwork to be more gender neutral and to avoid reproducing stereotypes?