Podcast Transcript

Domestic Violence 101

Episode 2 – Domestic Violence Power and Control

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Guest

Allyson Cordoni, APRN, CNP, SANE-A, SANE-P

- Over 20 years' experience providing care to adults and children who have experience sexual/physical violence
- Served as forensic nurse consultant, specializing in issues related to sexual assault adult and children, child abuse and neglect, strangulation, domestic violence and development of policies and procedures as well as educational trainings
- Member of the US Military MEDCOM task force responsible for writing/implementing sexual assault policies for the US Army, authored a Shaken Baby bill for the State of Hawaii, presented at numerous International, national and local conferences, authoring several peer reviewed articles, participated in numerous MDT boards, and conducted trainings in the area of sexual assault, domestic violence and strangulation research

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- Over 30 years' experience in healthcare
- Teaching experience in leadership development and executive coaching
- Background in content development, visual performance, speaking and podcast hosting

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Transcript

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ALLYSON CORDONI: What I tell women all the time and I tell men, too, I said, "Listen to your gut." If there's something not right there, or if somebody else is telling you there's not-- there's something not right, please listen. Because chances are, you may not be able to see it right away.

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(HOST) LEANA MCGUIRE: Welcome to Episode 2 of our series on Domestic Violence - Power and Control, a course originally published by Elite Learning in video format. In episode 1 we heard the staggering statistic that women who are strangled just once have an increased 750% chance of becoming victims of homicide. Over 4000 women a year are killed related to domestic violence. In this episode we will learn more about various forms of abuse and how the perpetrator controls the victim.

CORDONI: All right, so emotional abuse, we've kind of already talked about some of these things, insulting, belittling, ignoring, dismissing, invading the privacy, looking over the shoulder, getting into iPhones or emails or that type of thing, and then getting that extreme jealousy and possessiveness. I think we've seen that, and I think there are some women that actually think that that's endearing. And honestly, the excessiveness of it is not. All right, that's an act of control.

There's one thing to say you know, oh, you're jokingly, oh, you were looking at that guy or another to grab somebody's arm and say come with me. You were looking at that guy, right? So kind of look at those, and you will see some of these things, especially when you see that the victim come in with their significant other. There's a lot of times you might see that in trafficking, as well, where they try to control the entire situation. Not only are they controlling them at home, but they're controlling them in a physician's office to make sure that they get checked out. But they don't tell you anything that the abuser doesn't want you to tell.

Sexual abuse-- again, coercing them to have sex, having sex repeatedly, making them watch pornographic movies, demanding sexual photos, sexting, and sabotage and birth control, I have had a lot of people report to me that they've had their significant other pull out their IUD. I've had them say that they have poked holes in the condoms because they want to have babies because babies are another way to control them. And so all of these things again, by itself and if it's consensual or agreeable between the two people is OK. But when it isn't, one person is making these decisions and not two as a couple.

All right, financial abuse, withholding money, running victim's credit, taking paychecks, gambling, I had a neighbor one time where another neighbor and I, she was not ready to report. She did not want to report. And this is where I was working as I was saying as a sexual assault provider. And so she knew that. And so she was very limited to what she told me. But what we ended up doing for this woman, he would monitor her gas gauge. He would monitor the paycheck. He would want to know where she was going. He would have somebody follow her.

He was a soldier on base when he was on base. And he would make sure that she didn't go any place that she wasn't supposed to go. So what we ended up doing is we ended up she also didn't have an American passport. And so we ended up, her friend and I, showed her how to write checks over the amount so she can cash back. We got her actually to go get her passport. We got her her driver's license. And we ran around to different places so she didn't have too.

So there's kind of ways around it but. And I knew, I knew that she should report. But again, and I'll talk about this a little more, it is not my choice, right? It is not my decision to report, especially in that type of a context. She didn't come to me as a provider. She came to me as a neighbor and a friend. But again, just because we think something is wrong, it is not up to us all the time to make those reports unless we are in a mandated reporting state, and that's coming up here in a little bit.

All right, so this is something technology abuse that's getting big, right? And we know this. This is basically sextortion, right? They will show sexy pictures. They have pictures, private pictures. If you don't do what I say, I'm going to put these out on the internet. We see this a lot with our teenagers, catfishing modern communications, right? Now, in the United States, it is not illegal to monitor people's communications or to break into their phone. In other countries, Germany, it is illegal to break in and to look at somebody's email if they don't give them permission. Interesting, huh?

All right, legal abuse again, this is where we have different types of things with the custody of the children. If you don't do this, I'm going to call social services. Oh you know what, you're losing your mind. I'm not going to be able to take the kids for a visit today, and violently excessive motions. Every time, say you go to the doctor, right, every time the person goes for a mental health visit, perhaps the abuser says, "Oh, she's crazy. She keeps going to these doctors. We need to file another abuse. She's not fit, she's not fit. She's not fit to take care of these kids." So this kind of keeps going on and on and on. And until somebody in that arena realizes that this is what this abuser is doing it doesn't stop.

So some of the physical effects of IPV kind of it depends on what the incidents are. If it's physical of course, it's the incidence or that part of the body that has been injured or damaged. Other kinds of things that are a little bit more subtle again recurrent sinus infections, chronic fatigue syndrome, and a lot of these that we're talking about here on the screen are basically because of the ramifications.

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MCGUIRE: How many of you have connected a patient that has recurrent sinus infections with potential abuse? As Allyson noted, it is a subtle sign that needs to be considered along with other important assessments. Here is Allyson again to discuss what else to look for.

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So they can't sleep because they are worried about the kids they're worried about “am I losing my mind”? Did this happen? Or they're up all night doing something or getting the laundry done or making sure the house is clean because she knows that if it's not, something's going to happen. Incontinence or recurrent STIs because no condoms were used or there was infidelity or they're not being able to go to the doctor to get treated. So all of these things are something that can have physical effects of IPV.

So when you hear referrals going just send them to mental health, keep this in the back of your mind, all right, because a lot of times, they do need to have these physical symptoms addressed as well. And sinus infections, I ran this by my husband. And he's like, what do you mean sinus infections?

And I said, "Well, think about it. If you are getting punched in the face, right, you may have been getting deviated symptoms. You're not able to go to the physician, so you have-- or provider, so you have a deviated infection-- or a septum, separation, right? And your sinuses are out of whack." And so that's just one way that I've seen a patient have problems with their sinuses.

All right, I'm going to go through this pretty quickly because this is again, another conversation in itself but the limbic system. So when we talk about somebody who has been assaulted or a victim of violence, we talk about the different parts of the brain. And they do specific things. And we know this because we're nurses. One of the things I do talk about is the amygdala. And that is the flight, freeze, or freeze action. So that is what happens when you freak out, right?

So what are you going to do? Your brain is rapidly processing what am I going to do? Am I going to sit here? Am I just going to take it? Am I going to run, or am I going to hit? What am I going to do? And a lot of times this area, if it has the same repeated behavior, right, if they get hit all the time and they know that. Your brain adjusts to that. Your brain says you know what? I'm just going to sit here and take it because I know what's going to happen but I know it's going to end soon, All right?

The other thing that I want you to talk about is the hippocampus. That is where the memory conversion storage happens. And we get into this a little bit more in other lectures. But that is where why a lot of times when we have people that come in immediately after an assault or immediately after an event, they can't remember. They can't remember exactly what happened. We give the brain time to rest. And we have them come back at a day later so they can tell us.

And police officers are just trying, just getting this now so they know that rest will actually help the memory. It won't make it go away because a lot of people think if you don't tell me about it right now you're going to forget. That's not what happens. The brain is made so it will remember things. And it sometimes may not remember all the things the next day or the two days, but over time it will.

All right, kind of some more things that we talked about, the psychological and physiological, behavioral cognitive effects on the brain. And again, our brains are funny. You know they are fascinating. Again, they are very resilient, too. So they will kind of relearn how to remember things, how to do different types of things. But it's very interesting.

All right, some other psychological effects which you probably will guess with IPV is all of these things, panic attacks, anxiety, depression, chronic pain, low self-esteem, right? And a lot of times, we don't see these things on the surface. These are things that we have to kind of dig for sometimes because we don't see that. But we need to make sure that these are things that get addressed as well.

MCGUIRE: Abuse can take on many forms: physical, legal, emotional, and a newer one – technological. Let’s listen in as Allyson explains how people gain control in these ways.

So how does this happen? How does this, how do they, people get control? Coercive control, I don't know if you guys have heard about this, but this is kind of a big thing now in the domestic violence world. And this is just fascinating. Again, this is taking gaslight to the extreme. It is basically an ongoing pattern of behavior that makes them, the patient, feel isolated and make unreasonable demands. And when the demands are not met, then the person or the victim thinks, "Well, I'm not doing something wrong. Or that should be normal. I should be doing that." Because the abuser makes it normalized. They normalize these crazy behaviors so the patient thinks they are normal.

They also isolate them from family and friends, right? They will make sure that they are there like we talked about before. Every time there's a family event, they will say you can't go. It doesn't start off you

can't go. It starts off with you know what? I would feel really better if you stayed home with me. You know, I don't feel very good. I don't want you to go to your mom's house today. And the next time it might be, you know what? You loved me, you'd stay home with me. So this kind of is just, and again, this is just another way that this type of behavior escalates and gets worse.

All right, so I don't know if you all seen *power control rules*. But we have power and control rules now for all different types. We have a dating one. We have a military one. And we have a general one. This was developed quite a long time ago. And what it does is a good teaching tool. It's kind of talking about the different types of power and control that the abuser can exhibit over the person and in different stages and in different stages of their lives and in different times in their lives as well.

The thing about this is, and we've already talked about this. This is already so antiquated, right? We talked about some of these things and expanded on every single section of this power and control wheel. So it just gets bigger. And again, it's not just all of these things, but it could be all of them together. It could be one or two, or it could be just one just taken to the extreme.

OK, so this is just a quick little example of the stories that I hear, OK? Basically the seduction charm, and that's with any relationship good or bad is the honeymoon part, right, is the part that we are just getting to know each other. We're getting to know what the good things and what the bad things are. But what happens during this time is that a lot of people will say, "You know what? Something not quite right there. I'm going to move on." Not everybody does that because they want a relationship, or they want to see the good in somebody for whatever reason it is.

What I tell women all the time and I tell men, too, I said, "Listen to your gut." If there's something not right there, or if somebody else is telling you there's not-- there's something not right, please listen. Because chances are, you may not be able to see it right away, right? So again, then they kind of slowly start moving you away. So you can't go out with your friends.

Now again, I'm not talking about dumping your friends just for your significant other. I said but you can't do it at all or that you're not able to go back for Christmas because we're going to stay here for Christmas right or holidays or the fact that you know what? No, I really don't, I don't feel comfortable with going out to the bar with your friends. Because there's men there, and you might get attracted to somebody else, et cetera. Again, limiting the finances kind of like we talked about that you have maybe one credit card or just a bank card. And it's constantly being monitored.

I had a woman one time who said any time she spent anything, the husband set up the credit card, so it would ding. So, any time she bought anything, she had to bring her receipt home. And it could only be for the children. She couldn't buy anything for herself. He would monitor that every single day. He would only give her enough money for groceries. And he would give her a list of only what she could buy. So there's that financial control. You can see that in a real setting.

Then we'd go with the threat or violence. Again, do we have weapons in the house? And that is one thing that police officers always ask in domestic violence. Are there weapons in the house? Because again, back to the escalating violence, if we're talking about just emotional, then we jump to physical, and then the hands aren't enough, right? So maybe they need the threat of a weapon or a gun or a knife or something else. So you can kind of see how this escalates very quickly, actually.

All right, so here's a question. Why does he or she stay? And I will tell you, one of the things whenever I talk about this, the question that I have is we need to stop asking that, OK? We may think it, but don't

ask them why they say. Everybody has a different reason for everything that they do. One of the questions we need to ask is why isn't he letting her go, OK?

On an average, again, they come and they seek help five to seven times before leaving. And this of course, varies but this is a generalization. So what you may not know about that victim, you may not know that she has a doctor's appointment in two days that she has waited two months for. So she's not going to leave today because she needs to make that appointment. What she may not know you know is that her religion says, I can't leave my husband no matter what. And then that's a reason for her not to leave.

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MCGUIRE: Five to seven times. That is a lot of effort spent in trying to leave an abusive situation. We've heard the reasons why they stay. Allyson will now elaborate as we continue to listen.

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Lack of resources is huge. It is very big. Because a lot of times, if she doesn't have a job or doesn't have a job that she feels that she can support her children in, then she's going to stay. And she's going to stay for the money. She's going to stay for the kids. Again, this is not a judgment. This is just something that I've been told by other people. They also think that they can keep themselves and the kids safe. So when they're in the house, they know when he's going to get mad. They know when he's going to come after her.

But if they're not and they're in another town right and they have left and they're in another situation, it may be a surprise, right? And he may, there may be something of a surprise attack or a surprise visit or something. It's better, I think sometimes I hear it's better to the enemy, the enemy that you know, than the enemy that you don't know. But honestly, they have more fear of being hurt or killed. They are working every day just to stay alive in this household and figure out. They are probably always thinking about when they're going to leave, how they're going to leave. But again, a lot of times their bags are packed but they're not ready to do that. They know what to do. They know what the abuser is going to do to them if and when they leave, and they're afraid of those consequences. It's a very serious thing, which is why I went back to saying you can't just say you need to just leave because it's just not that easy. And it's not up to you. It's up to that person to make that decision.

All right, so here are some barriers to reporting or leaving. Again, I have a lot of women that say because they don't want their parents to feel like they were a failure, and they failed in their marriage, or they failed in another relationship. We talked about economic dependence, immigration status, that's a real thing as well. They don't know any other alternative. They don't know any other way to be treated because this is maybe their first husband or their first relationship, all right. Every victim makes it based on his or her kids' survival.

They're *after* afraid-- she's often afraid of the symptom or the systems after they leave. Because law enforcement advocates and sometimes legal cannot guarantee their safety, OK? She can guarantee their safety but they cannot. So when you report to law enforcement, what happens? And our law enforcement are getting better trained in this, but what happens? Who do they believe? They believed him over her, right? We have some states and some counties that actually when they have a domestic violence call, they will send out a victim advocate with every single domestic violence call. And that victim advocate is able to kind of get a little bit more information and come out and talk to that patient as well and talk to that victim as well.

One other thing that we do look at is defensive injuries. So if we have somebody I had a 15-year-old that was strangled by his father, hand was over the neck so like kind of a chokehold, right? They called the police. The police showed up, and guess what? They arrested the 15-year-old because the father had a bite to his arm. Well, it was on this forearm, and the boy was trying to bite his way out of the chokehold because he couldn't breathe. But they arrested the kid because they didn't know enough to know that was a defensive injury of that child. So we're doing better and better with educating our advocates, our legal, and even our judges. But it's still a long job.

OK, so some of the signs that you may see, right, they stop socializing, withdraw into themselves. That may be, and, as nurses we don't know these people sometimes, right? And so we don't know. And so one of the easiest things to ask is this normal for you? OK, is this something that's normal for your behavior or what you do? They seem nervous and frightened of their partner's reaction. And this you can see a lot of times when they're sitting right there next to them, but not all the time. Sometimes you will notice it, and you'll ask about the home life. And I know we are all taught to screen for domestic violence. Unfortunately, I don't think we do a really good job because it comes we come right out and ask those questions. I went in for an ankle injury a couple of months ago. That was the first thing they said. Do you have any domestic violence in your house? No, that's it, not did not did you fall down the stairs, not did your partner push you down the stairs or anything. I just said I fell. So again, and again, I don't think that's any fault. I think there's a lot of constraints on the medical community with time and just again with just general history questions.

MCGUIRE: I'm hearing that we have existing systems that could be improved, as well as individual nurses who can - and should - change their practices to gain more insight into a patient's situation at home. When we do uncover a less than desirable situation, what steps should be taken?

So if there is imminent danger, a 9-1-1 call, their kids are involved, that's a 911 call, right? And that is also called a social services. I will tell you, too, I will always call if I hear about a domestic violence situation and there are kids in the house, I will call CPS for that. Because I don't know if they got caught in the crossfire. I don't know what they saw, what they heard. But I think that puts those kids at even more significant risk. And if we can, let's get them services quickly so that they don't get caught up in that, OK? If you're worried, try talking to them. Again, I wouldn't report unless they say it's OK. Now, strangulation, no matter how slight needs medical attention. All right, so some of these things are other things that we're talking about having the conversation. So always go face-to-face, and make sure that you're, they're in a secure spot. And make sure they're in a safe place. Because maybe if they feel safe, they are going to talk to you a little bit more about what happened to them and then what you can do, all right. Because there's different things you can do for these patients.

All right, and here's just some tips. When you're asking especially when you're in the emergency room and you're a doctor's office or you're screening, look at the body language. And do not have a problem with documenting the body language, OK? So that say that I asked her about how her kids are doing.

Go ahead, if she puts her head down, her eyes look away, patient answered with her head down and eyes away, OK? Because that gives validity what she's saying, OK? So she she's showing you her answer is not always just telling you their answers, her answers all right? I would not offer any kind of advice. I leave that to the experts. We have people who have been doing this kind of treatment and therapy for years. And these are the experts, right? So let them just make sure that they get that referral information.

And again, just remember what I talked about. This can be a more risky for them to stay than it is for to leave. Remember, you don't have to have all the answers. And you won't have all the answers. I don't have all the answers. But I do know who to call. I know who to call to help her. I know if I need to call the social, worker if I need to call a dietitian, if I need to call a cardiologist, right, I will call that person to help.

Ask them what they want to happen so they can feel control. Because remember, we just all their control is out. I just told you that the abusers take all of this power and control from these people. And so now, we want to give that back to them. What can I do to help you, OK? Again, we talked about this, don't pressure them to end the relationship. But let them know that maybe there's a safe place they can go when they do feel like they are in danger.

Again, like I said always report child abuse. Now, reporting of domestic violence is a little tricky. We have most laws or most states have laws that have mandated reporting for injuries. But a lot of those, especially you guys that work in the ERs knows this but injuries that caused by weapons, injuries that may be a result of a crime or domestic violence. So know your laws which specific state where you have to report and exactly what you have to report and how you have to report it.

I would also tell you please don't keep this from your patient. I think, again, what you're doing if you think about it, if you report it without letting them know, it's almost like undermining what you're doing, OK? So have that conversation with them. Let them know that you are a mandated reporter. There's a lot of times before I even want to introduce myself, I let them know what/who I am. And I let them know that if you talk to me about domestic violence, if you talk to me about child abuse, I am a mandated reporter. I'm going to have to report depending on what state I'm practicing in.

And what that does again, it gives that power back to that woman, right, or that whoever is being abused. And what it says is, well OK I'm going to think about this if I say domestic violence, then she's going to have to report. But if I say I fell down the stairs, I can just get treated for my injuries, OK? Now what I also do is when I hear this, when I hear that somebody has said this to me, I will go ahead and of course treat their injuries. But then we will also give them information.

And look to your social services. Look to your local shelters of what kind of information and how you give them to them because keep in mind whatever they have, they have to take home a lot of times. And if you have a card laying on the counter, and your abuser comes home and sees that card from the shelter, that's a little bit disturbing, right? And that puts that woman even at more risk of harm. So a lot of times we have places that devise a special card or give them a different number or to give them something different so that they have that information. Putting in the phone is not helpful if somebody keeps going through their phone.

I had a child abuse agency one time actually taught kids how to we did-- we cut the sneaker, and very bottom of the sneaker, and we put a piece of paper in there. And this woman-- this FAP agency gave it to did it to a child who they were afraid that they weren't going to bring them home. And so that child actually had the number to the CPS that could call them. Again, there's more behind that story, too.

(SOUNDBITE OF MUSIC)

MCGUIRE: Allyson has given us ways to provide victims with resource phone numbers that they can remember, without exacerbating the level of danger. The last thing healthcare professionals want to do is put the victim in more jeopardy.

(SOUNDBITE OF MUSIC)

OK, so again, we talked about some of the stuff already. Again, once they do leave, here are some of the things that we can provide them, the pharmacological of course, any kind of medication that we can do. And it doesn't have to be long term, it can be short term for depression, anxiety, suicidal thoughts, anything like that also cognitive behavior therapy.

Other things I put in here because I'm learning a lot more about alternative medications. And we're talking about different things like microcurrent acupuncture. Acupuncture has been shown to be very successful.

Note some anecdotal studies right now out in sexual abuse. And what it does is actually triggers the brain to kind of reset itself. Some of the microcurrents that are being used out there like the [? BAD ?] study is used to kind of rehab the brain, relearn type of things when you get to stimuli when you approach some kind of stimuli or something that reminds you of the abuse. But there's all kinds of different types of therapy or different kinds of treatment out there.

But keep in mind, all it takes is one person. It just takes one person to believe this person and to stand up and advocate for this victim. And that may be you, and you might not even know it, right, when you're in the emergency room and these people kind of come and go. But just keep in mind, give them the tools that they can do to help themselves. Because a lot of times people are very proud. They don't want to be helped.

But if they can find a way to get their power back, and they can find the way to those so they can help themselves, I think that is going to, that's the most helpful. I would also recommend that with you people, you guys that are working in emergency rooms and doctors offices or a big conglomerate, have one person who's your resource person. Find that one person who knows the names of the shelters, who can call the family advocacy, who can call the social worker, who can call the Children's Advocacy Center or has a church or community or has that information.

It doesn't necessarily have to be a social worker, but somebody that you can call and get that information before they leave all right, because once they leave, the chances of them coming back are probably not very high, all right? So again, there's the National Domestic Violence Hotline. They are very, very good at answering calls and giving local information.

So if you are calling from California but need help in another state, they have advocates out there. There are advocates all over the place, a lot of the crisis centers in the different counties have advocates that will respond, all right. You just need to contact them, or we just need to contact them to make sure that they have that information.

OK, that is a lot of information in a short period of time. And I'm sorry it was so fast. But there's just so much. So thank you very much. I really, really appreciate the time that you spent with me.

(SOUNDBITE OF MUSIC)

MCGUIRE: In our series on Domestic Violence, we heard from Allyson Cordoni, an advanced practice nurse and sexual assault nurse examiner. She has defined interpersonal violence, shared national statistics, identified types of interpersonal violence, discussed the dynamics often seen in these situations, and identified the barriers and dangers of leaving.

Allyson returned to answer questions posed by nurses in a very candid and enlightening manner, starting with this one:

Would you consider the power of control manipulation?

(SOUNDBITE OF MUSIC)

CORDONI: Absolutely, right, because again, we're talking about free will that you don't have. So think about this. So there's different ways to control and to manipulate. And you can do that with your words. It doesn't always have to be a physical act. Think about with our kids, all right? When I have a child that comes in for a sex assault exam, I will let them know. I will say I'm here. This is what I'm going to be doing. I said, "If there's something that is uncomfortable, you please let me know, and I can do it another way."

I know young people that start out, and they said, "Let me know and I'll stop." All right, so there's two different ways that you can actually get that child to participate. And it all has to do with how you talk and how you ask that question. And that goes along with abusers just like it goes along with providers.

(SOUNDBITE OF MUSIC)

MCGUIRE: The next question asked was:

“What if the abuse doesn't escalate to the severe level? How can you still help that person? What do you recommend?”

CORDONI: OK, so it doesn't matter. All right, it doesn't matter if it's physical. It doesn't matter if it's emotional. It doesn't matter if it's psychological, OK? It's all a form of abuse. I would-- that's still something that person can get help with, right? They don't have to necessarily go to counseling. Maybe they can go to a group session. Maybe they can go to a woman empowerment session or a man empowerment session, something else that kind shows them that this is abuse.

Because there's a lot of times it's so insidious, right? And you don't even realize it's happening. So again, if you are not able to talk to that patient or have them come with you, even something like yoga, right, something that they can do by themselves for themselves is helpful. Keep in mind you always have those resources. So grab those resources and just give them to her. And then maybe she can just call or he can just call and ask the simple questions.

(SOUNDBITE OF MUSIC)

MCGUIRE: Another question came to us regarding “catfishing.”

CORDONI: So catfishing is something that has been done on the internet. There's actually a show on that. and it can be done over the phone, too and basically that you're impersonating somebody else. And there's something else, and I'm going to put this in there, but I will also tell all of my new moms I said, "Be very careful with the pictures that you're putting out there of your child." Because once it's out in the internet, it is public. And anybody can take them, all right? And they can take them and put them up as hey, this is me. This is my new baby. I need somebody to come. I need a mom to come out, and I need them to help me in the park. I need them help me with my baby. I need a play date, right? And that is not the person. So the person that is actually doing that is maybe a 54-year-old man right or a 54-year-old somebody else who that is not their baby, and that is not their face.

And what they do is they start slowly just to kind of gain their trust. This is one way actually I don't, there's law enforcement out there, but this is how law enforcement start getting people who are being trafficked, right? They start out with hey, I like your profile or hey, you're a new mom, too. Do you want to--are you interested in a play date? No, I can't go. Well you know what? I'm right by your house. If you

just want to walk out the door, maybe we can meet. That's kind of catfishing so it's impersonating somebody else, not yourself.

(SOUNDBITE OF MUSIC)

MCGUIRE: We have heard stories about people finding innovative ways to ask for help. Let's hear what Allyson has to say about this.

Yeah, there's a lot of different ways-- people will write notes to the waitress. People will write notes to the doctor. People will write notes, like, when you handshake. I've had that happen before where somebody-- I've had a trafficker, actually, when I went to go shake her hand, she had something in there that I was able to look at, and it had information on there tell me what was happening. This is the thing that I want you to remember. Those cases are very few and far between.

You are going to be looking at cases that nobody they don't to talk about. They're really not, they're not going to want to talk about what happened to them. And it's going to take them a while. And because they don't trust their abuser, it's going to take them a while to trust you. And a lot of times nurses are great at this, right? However, we have to remember we cannot fix everybody. Even though we want to, cannot, right? But we can be there to listen and we can be there to get them to the right people that will be able to help them.

(SOUNDBITE OF MUSIC)

MCGUIRE: Should a nurse who is interested in becoming a Sexual Assault Nurse Examiner be worried that an abuser might come after him/her? Allyson responds.

So yeah, it's interesting. I've had a lot of threats over the years. I've had people threaten to come to my house and et cetera. I don't put pictures of my kid up. I think keep a lot of things very private. The other thing is it's my dad's an FBI agent. So that's a little helpful as well. But when they do threaten, and they do. Because this is the deal. I am not the only one involved in this case. I just happen to be one little section of this case.

And so I see it sometimes. And then I report it. I report it to the police, and they will go talk to them. Because we have a really good relationship, our sexual assault providers with our law enforcement also with our legal. And so if that does happen, we do make them aware, and guess what? Now they have another charge because they threatened. You have to prove it as much with me because I can tell you-- or with other SANEs.

For the most part, it's a very interesting job. I've seen over 2,000 patients in my career, and it is just not one of them is the same. So, if you like fast-paced stuff, if you like, if you can fly by the seat of your pants, this is a great job for you.

(SOUNDBITE OF MUSIC)

MCGUIRE: To continue learning about becoming a sexual assault nurse examiner, Elite-Learning.com offers a 40-hour adult and adolescent course that will prepare you to take the certification exam upon completion.

(SOUNDBITE OF MUSIC)

MCGUIRE: A final question that Allyson was asked was more personal. Has she dealt with patients who have lost their battle with domestic violence and, if so, did it impact her and how?

Yeah, absolutely. And I think I don't know, somebody who wouldn't struggle with that, right? I think that's happened a few times to me. It's to me, I do a lot of pediatrics. So that's usually a little bit worse for me. However, I feel like when I see these patients, I'm doing the best I can, and I'm doing it for them. I'm not doing it for law enforcement. I'm not doing it for legal. I'm not doing it for the hospital. I'm doing it for that patient.

So there's a lot of times I will make sure that I follow up with these patients, so I get to know them. And like I said, I've seen a ton, but I remember almost all of them for whatever reason and some of them more so than others, so some of them I think about to this day. But I also, I will always try to go to the funeral. Because I feel like for me personally, I think that's another way to show that I care to that family and to validate that life really does matter.

I will also fly back from wherever I am to testify in a court case if it's my patient. I have flown from Germany to Hawaii. I have flown from Hawaii to Japan. I have flown all the way to California. I've flown all over the place wherever I am to go back and testify in that case. Because I feel like that is part of my job. And that is what I signed up for when I saw that patient.

And so, and I will tell you there are times that people are shocked to even see me there, and they're like, what are you doing here I said, "Well, I'm here to testify in your case." I said, "I thought you moved." And they said, "I did."

And sometimes they are-- they don't know that I'm there even to testify on their behalf. Sometimes they are so shocked and relieved and just surprised that somebody would take time out of their day or their schedule to come do this. But every single patient that I've seen wherever I am, I will make time to make sure that I can get back you know and testify at that trial. So those are just a couple of ways that I kind of deal with it.

I guess we just have to learn how to deal with that and how to make sure that we are able to not internalize everything and cope with it, so yeah.

(SOUNDBITE OF MUSIC)

MCGUIRE: It is important for us to continue to learn about interpersonal violence and the impact it has on individuals. We hope you have enjoyed learning from Allyson Cordoni and that you keep learning by checking out the sexual assault nurse examiner in-depth course, along with other violence related content available at Elite-Learning.com. Thank you for listening. This is Leana McGuire for Elite Learning.