Forensic Evaluation of the Patient with Developmental Disabilities

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Goals of Presentation

• Discuss SART Activation in New Jersey
• Discuss Challenges during the Forensic Examination of Patients/Victims with developmental disabilities
• Discuss how we can better serve this underserved population of Patients/Victims
New Jersey SART

- N.J.S.A. 52:4b-50-60
  - Mandates every County Prosecutor’s Office establish a SART (Sexual Assault Response Team) and a SART Advisory Board.
- The SART is comprised of the following members.
  - A Law Enforcement Officer
  - A Confidential Sexual Violence Advocate (CVSA)
  - A Forensic Nurse Examiner
Why does SART Exist?

- Victim-centered
- Minimize re-victimization
- Quality medical forensic care
- Timely and quality evidence collection
- Successful prosecution
- SART is required by law
Purpose of the *Standards*

- Uniform treatment of sexual assault victims
- Victim-centered approach
  - Dignity
  - Compassion
  - Respect
  - Competency
- Non-judgmental
- Confidentiality
County Prosecutor’s Offices

- County SART/FNE Program
- Local Administration
- Forensic Nurses are contracted for service
- County-wide SART Training
- Regular meetings County SART Advisory Board
SART

• Sexual Assault Nurse Examiner – FN-CSA
  • Performs Sexual Assault Examinations and evidence collection
  • On persons of all gender and ages.
    • Ensures treatment for injuries
  • Offers Post Exposure Prophylaxis Medications
  • Makes referrals
Forensic Nurse in NJ

- NJ Licensed Registered Professional Nurse or Nurse Practitioner
- Complete 64 hour course in sexual assault forensic nursing that meets IAFN education guidelines
- Certified by the Board of Nursing as an
  - FN-CSA- Forensic Nurse –Certified Sexual Assault
  - 623 current FN-CSA in NJ
New Jersey

- Has Standardized Sexual Assault Forensic Examination (SAFE) Reports
- Has Standardized Sexual Assault Forensic Examination (SAFE) Kits
- Has Standardized Sexual Assault Forensic Examination (SAFE) Toxicology Kit
- Same Forensic Report forms / Injury documentation diagrams and Strangulation Documentation Form for all 21 Counties
Promotes

Cultural Competence

AGE
RACE/GENDER
RELIGION
LANGUAGE
Special Considerations for Vulnerable Populations

• Individuals with physical, developmental, intellectual, sensory, mental, cognitive and or emotional disabilities are at a substantially higher risk for sexual assault victimization than individuals without disabilities.

• These individuals may live independently, with family, or they may be residents of skilled nursing facilities/nursing homes, assisted living facilities or community–based group homes

• In some cases, sexual assault and abuse can be perpetrated by those in caretaking positions.
Developmental Disability Diagnosis

- May Include
  - Autism
  - Intellectual Disabilities
    - Ex: Downs Syndrome, Fragile X Syndrome, Fetal Alcohol Syndrome
  - Cerebral Palsy
  - Traumatic Brain Injury (TBI)
Challenges

- Often unable to verbally disclose abuse
- Understand that acts are abusive
- Able to protect themselves
- Able to obtain assistance in the criminal justice system
- Dependence on caregivers
- May have multiple caregivers
- Lack the ability to access resources
- Experience social isolation
- Have poor communication skills
- May have comorbid diagnosis that decrease their credibility when disclosing sexual abuse
Challenges

• The Victim /Patient may not be:
  • Capable of knowing, thinking, learning and judging like non disabled persons
  • The disability is a risk factor for sexual exploitation

• Victims are less likely to report physical findings. Such as Sexually transmitted disease
• There is little literature or research studies on sexual abuse and this vulnerable population of victims
Case Study

• History
• 14 year old female transferred from group home in Northern New Jersey to Southern New Jersey after allegedly sexually abused by care taker in group home in Northern NJ
• Patient/Victim with diagnosis of Down’s Syndrome
Case Study

- Patient/ Victim has been at new group home for 24 hours
- Patient/Victim discloses to new group home care provider that “X” touched her cookie and then put his pee pee in her butt than did pee pee on her stomach
- **Certified Care Provider called her supervisor and was advised to bring patient to the hospital for a Forensic Examination**
- Patient /Victim arrives at local SART site in Southern NJ with certified observational care provider from new group home
Consent

• Patient /Victim unable to sign for own consent
• Legal Guardian was unknown by certified observational care provider and facility did not have complete intake documentation with for patient.
• Delay in care as to contacting Legal Guardian Supervisors from group home had to be notified
• Legal Guardian thought the patient had a forensic exam already
• Once information for Legal Guardian was obtained interview began
Interview

• Forensic Nurse utilized interview techniques to obtain information form Patient/ Victim
• Forensic nurse sat in a chair sitting lower then patient
Interview

Remember
• Use repetitive language
• Repeat the end of your sentence.
• May have difficulty expressing themselves
• They may give the impression they understand when that is not the case

Remember
• They may take longer to respond to questions even to the point answers may seem to come out of nowhere
• Take your time and be patient
Conclusion

During interview
- FNE was able to discuss with patient what had happened in her language
- Found that the incident happened while at her other group home

During interview
- Patient had already had a forensic examination in the City where the incident happened.
- No need for exam SAFE kit completed
Conclusion

- FNE was able to call the Coordinator from the SART in the City of the assault.
- Patient was given Post exposure medications at other SART Site.
- SART activated for this patient without having full information regarding what had happened at other group home.
- New group home did not have full medical information readily available for this patient’s Legal Guardian.
- Legal Guardian had thought patient had forensic exam prior to transfer but was unsure.
Conclusion

SART Education Offered
• SART Education offered to group home staff

FNE
• Was able to effectively communicate with the patient using
  • Experience
  • Communication
  • Education
  • Interview skills