

Forensic Evaluation of the Patient with Developmental Disabilities

Megan Nugent, MSN, RN, CEN, FN-CSA, SANE-A, SANE-P

Forensic Nurse Examiner

Cumberland and Salem Counties, NJ

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

- New Jersey Attorney General Standards (3rd Edition Nov 2018)
- 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



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 Downs 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 from Patient/ Victim
- Forensic nurse sat in a chair sitting lower than 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